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INDEX TO VOLUME XVII.

- A Cartridge that Never Went Off, 97.
 A Good Book, 456.
 Abrotanum in Peritonitis Tuberculosa, 462.
 An Episode in My Practice, 415.
 A. I. H. Announcements, 170, 191, 548.
 Anæmia, 273.
 Antimony, An Involuntary Proving of, 457.
 Antipyrin, Phenazone, 227.
 Answers to Questions Concerning Homœopathy, 464.
 Argentum Nitricum, A Leader, 65.
 Arnica, The Local Use of, 276.
 Biochemic Remedies in Veterinary Practice, 36.
 Blindness Following Meningitis, 553.
 Brewer's Yeast for Boils and Carbuncles, 499.
 Bursa Pastoris in Exostosis, 363.
 Cactus Grand., 83.
 Calcarea Carb. Case, A, 466.
 Calcarea Carb. in Intermittent Fever, 173.
 Cases From Practice, 127, 358.
 Chelidonium, 469.
 Cholera, 106.
 Cholera Infantum, Aconite in, 190.
 Coming Around, 456.
 Cratægus Oxy., 84, 221.
 Cratægus, Curative Range of, 66.
 Curantur—Curentur, 266.
 Curare Case, A, 496.
 Cure was Permanent, The, 546.
 Cutaneous Diseases, 502.
 Diabetes Insipidus and Lycopodium, 29.
 Diagnosis, Importance of, 259.
 Diphtheria, Sequelæ of, 31.
 Diphtheritis, Catarrhal, 263.
 Disturbance of Heart Action During Diseases of Stomach, etc., 318.
 "E' Pur si Move," 12.
 Echinacea, 380.
 Echinacea, Clinical Experience with, 134.
 Echinacea in Septic Poisoning, 468.
 Ferrum Picricum in Anæmia, 273.
 Finis Coronat Opus, 109.
 Fistula, Use of, 552.
 Gastritis Cured by Manipulation, 75.
 Gelsemium in Influenza, 264.
 Germs the Effect, not the Cause of Disease, 80.
 Ginseng in Hiccough, 547.
 Grape Juice as a Medicine, 275.
 Grindelia in Asthma, 93.
 Hæmorrhages, Remedies in, 513.
 Hahnemann Favored Vaccination, 77.
 Hemicrania, 405.
 Hiccough, 547.
 History of American Institute of Homœopathy, 1, 49, 145, 193, 243, 290, 337, 385, 433, 481.
 Homœopathy as "Seen and Heard," 562.
 Horse Colic, 94.
 How We Rid Cleveland of Small-pox, 175.
 Hydrocele Cured by Arnica, 105.
 Hypertrophy of the Heart, "Uncomplicated," 117.
 Ichthyol, a Proving of, 311.
 Illuminism and Mysticism, 448.

In Memoriam, 242.
 Incurable Cases by Old School Cured
 by Homœopathy, 552.
 Insanity and the Turkish Bath, 509.

Laryngeal Ailments and Vocal Defects, 371.

Leucorrhœa: Its Symptoms, Causes, etc., 156.

Lupus, Arsenicum Iod. in, 37.

Manipulation, 75.

Mosaic from My Practice, 547.

Mostly Theories and Those Not Well Founded, 550.

NEW PUBLICATIONS.

ALBERT. Diagnosis of Surgical Diseases, 234.

ALLEN. Diseases and Therapeutics of the Skin, 183.

ALLEN. Therapeutics of Fever. 234.

BACON. Manual of Otology, 328.

BARTLETT. Diagnosis, 567.

BUDGETT. Essentials of Physiology, 44.

CLARKE. Practical Materia Medica, 137.

COWPERTHWAIT. Practice, 42.

DEARBORN. Skin Diseases, 566.

ELLIS. Psychology of the Sex, 44.

GRANT. Diseases of the Rectum and Anus, 472.

HOYLE. Vital Economics, 328.

International Hom. Directory, 234.

KRESHNA Diabetes, 88.

Medical Directory, 520.

MUNDY. Diseases of Children, 329.

MUSSER. Four Epochs in a Woman's Life, 43.

NASH. Leaders in Therapeutics, 88.

NORTON. Ophthalmic Diseases, 136.

PRATT. Composite Man, 329.

RODERMUND. Fads, 138.

SAVAGE. Ophthalmic Myology, etc., 184.

ULTMAN. Genito-Urinary, 277.

VAUGHN & NOEV. Cellular Toxins, 376.

Natrum Sulph. in Liver Ailments, 317.

Neurasthenia, The Medical Treatment of, 350.

New Era, The (Just an Enquiry), 267.

Obituary, 41, 81, 242.

Olive Oil in Gall Stone Colic, 380.

Olive Oil in Hæmorrhoids, 462.

On the Pathology of Drugs, 255.

Ozone, An Artificial Supply of, 427.

Pareira Brava, 270.

Passiflora, 282.

Peleterine, 68.

Pharmacopœia, 42.

Phaseolus Nana, 47.

Phellandrium Aquaticum, 182.

Picric Acid, A Note on the Hæmolytic Action of, 17, 211.

Picronitric Acidum in Headache, 461.

Pneumonia, Reflections on the Treatment of, 529.

Pruritus Senilis, 426.

"Pussy! Pussy! Pretty Pussy!" 113.

Pyrogen in Rheumatism, 74.

- "Rational" Medicine, the Progress, 416.
 Reflex Irritation in its Relation to Disease, 319.
 Renal Colic and Lachesis, 498.
 Repertory, What a, Did, 374.
 Rheumatism, 74.
 Rhododendron, 546.
 Rhus Toxicodendron, 20.

 Sabal Serrulata and Avena Sat., 87.
 Salix Nigra, A Proving of, 464.
 Septicæmia and the Curette, 507.
 Schuessler's Therapy, Farcical Falsification of, 366.
 Sciatica of Twenty Years' Duration Cured, 544.
 Sermon, A Doctor's, 538.
 Silica, A Cure, 34.
 Silicea in Spinal Bifida, 361.
 Some Homœopathic Cures, 423.
 Some Items of Experience, 104.
 Some Not Generally Known Facts, 39.
 Some Reasons for Being a Homœopath, 305.
 Some Single Remedy Cures, 401.
 Somnolence, A Case of, 470.
 Strong Meat, 510.
 Sulphur in Cholera, 106.
 Suppuration, Remedies in, 271.

 Tape Worms, 275.

 Tape Worm, Its Destruction and Cure, 67.
 Tarantula Cub. Involuntary Proving of, 511.
 The Remedy, How Shall I Find It, 71.
 The Rising Tide of Infamy, 560.
 Transactions, 37th Session H. M. S. of Pa., 309.
 Trismus Nascentium Cured by Chloral Hydrate, 327.
 Tuberculinum, 38.
 Tuberculosis, First Stage and Cure, 256.
 Tuberculosis, The Treatment of, 364.

 Urtica Urens Case, 461.

 Vaccination, 38, 77, 78, 119, 333.
 Vaccination Symposium, That, 78.
 Veal Pies of Science, The, 63.
 "Vesicaria Communis," 282.
 Veterinary, 37, 94.

 Was it Tuberculosis? 316.
 Whom Shall We Believe? 324.
 Why Physicians Who Vaccinate Should Abandon the Practice, 119.
 Wood Alcohol as a Remedy in Amblyopia, 85.

 Zincum Sulph., Notes on, 257.



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THE HOMŒOPATHIC RECORDER.

VOL. XVII. LANCASTER, PA., JANUARY, 1902

No. 1

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Nineteenth Annual Session.
(Year 1866.)

The American Institute of Homœopathy assembled for its nineteenth session at Masonic Hall, Pittsburg, Pa., on June 6, 1866. The President, S. S. Guy, M. D., of Brooklyn, N. Y., called the meeting to order, when the Rev. Herrick Johnston asked a blessing upon the session.

Dr. Guy welcomed the members, and expressed great satisfaction at the interest displayed by them, and hoped that at this meeting there would be no unnecessary discussion upon irrelevant matters, but that the deepest thought would be bestowed upon the important duties of the Institute.

J. C. Burgher, M. D., of Pittsburg, of the Committee of Arrangements, gave the members a very cordial welcome to the City.

On motion of J. P. Dake, M. D., the election of officers was held, and resulted in the announcement of—

President, J. S. Douglas, M. D., Milwaukee, Wis.; Vice-President, S. R. Beckwith, M. D., Cleveland, Ohio; General Secretary, I. T. Talbot, M. D., Boston, Mass.; Provisional Secretary, H. B. Clarke, M. D., New Bedford, Mass.; Treasurer, E. M. Kellogg, M. D., New York, N. Y.

Board of Censors—J. P. Dake, M. D., Salem, O.; H. M. Paine, M. D., Albany, N. Y.; H. M. Smith, M. D., New York, N. Y.; M. Cote, M. D., Pittsburg, Pa., and J. B. Wood, M. D., West Chester, Pa.

The Auditing Committee were Drs. S. R. Beckwith, George E. Belcher, N. F. Cooke, David Cowley, and T. S. Verdi.

The thanks of the Institute being voted to the retiring officers, Dr. Douglas took the chair, expressing his appreciation of the honor bestowed upon him and hoping for the future progress of the work of the Association.

At the afternoon meeting the Board of Censors reported forty-nine physicians who were entitled to membership in the Institute. On motion of Dr. E. C. Witherill, they were elected, as follows:

T. F. Allen, M. D., W. J. Baner, M. D., William Horwitz, M. D., Robert McMurray, M. D., J. J. Mitchell, M. D., Daniel D. Smith, M. D., John McE. Wetmore, M. D., New York; J. R. Earheart, M. D., Horace Homer, M. D., John E. James, M. D., W. H. H. Neville, M. D., Philadelphia; J. E. Barnaby, M. D., Frank Cooper, M. D., J. F. Cooper, M. D., Allegheny, Pa.; G. Cation Duncan, M. D., J. Sidney Mitchell, M. D., Chicago, Ills.; H. F. Biggar, M. D., N. Schneider, M. D., Cleveland, O.; W. C. Borland, M. D., Benjamin F. Dake, M. D., George S. Foster, M. D., L. M. Rousseau, M. D., Pittsburg, Pa.; C. W. Boyce, M. D., Horatio Robinson, Jr., M. D., Auburn, N. Y.; George W. Billings, M. D., Brooklyn, N. Y.; G. E. Chandler, M. D., Wauseon, Ohio; C. H. Cogswell, M. D., Moline, Ills.; T. G. Comstock, M. D., John Hartman, M. D., St. Louis, Mo.; William H. Cook, M. D., Carlisle, Pa.; R. Faulkner, M. D., Erie, Pa.; M. Friese, M. D., Mechanicsburg, Pa.; W. G. Graham, M. D., A. E. Keyes, M. D., Ravenna, Ohio; Charles H. Lee, M. D., Etna, Pa.; Edwin A. Lodge, M. D., Detroit, Mich.; H. M. Logee, M. D., Linesville, Pa.; J. H. Marsden, M. D., York Sulphur Springs, Pa.; R. C. McClelland, M. D., Glade Mills, Pa.; Shadrach C. Morrill, M. D., Concord, N. H.; Coates Preston, M. D., Chester, Pa.; John C. Richards, M. D., Lock Haven, Pa.; S. A. Robinson, M. D., Conneaut, Ohio; Jacob Stewart, M. D., Sharpsburg, Pa.; Henry Sheffield, M. D., Nashville, Tenn.; Robert C. Smedley, M. D., West Chester, Pa.; E. W. Townsend, M. D., Greensbury, Pa.; Max Werder, M. D., Johnstown, Pa.; Ciro S. Verdi, M. D., Georgetown, D. C.

An application for membership made by Mrs. Mercy B. Jackson, M. D., of Boston, was laid on the table.

The resignation from membership offered by Dr. John Tift, of Norwalk, Ohio, was accepted.

The Reports of the Secretary and Treasurer were read and

found correct by the Auditing Committee, who also reported that there was considerable deficit, and suggested raising the annual fee for membership to five dollars in order to be able to meet current expenses.

The Bureau of Materia Medica had no report to make at this session, except an apology from Dr. E. M. Hale, of Chicago, for not being able to make any report.

There was a suggestion made to dissolve the Bureau because of the lack of interest shown by its members, but no action was taken.

The Bureau of Clinical Medicine and Zymoses made a partial report through the Chairman, Henry D. Paine, M. D., who apologized for this first report, which he found necessarily unsatisfactory on account of the ground over which the Bureau extended. He said that the subjects under consideration, cholera, rinderpest, diphtheria, cerebro-spinal meningitis, and several other diseases, required more time than had been at the disposal of the members. He therefore suggested that the work of the Bureau should be divided into different departments, devoting each to such special subjects as obstetrics, hygiene and such matters which in an accumulation might receive but imperfect consideration. He also proposed that the bureaus or sections of bureaus might be permitted to elect associates to assist in their work.

Dr. B. Fincke, of Brooklyn, not being able to be present, sent a copy of his work on "High Potencies and Homœopathics, Clinical Cases and Observations." In an appendix he gave Dr. S. Hahnemann's original "Views and Rules of the Homœopathic Dose, Chronologically Arranged," and recounted his experiences in provings of Camphora and Cuprum metallicum.

The Bureau of Organization, Registration and Statistics made a report by the Chairman, I. T. Talbot, M. D., in which he and his colleagues deplored their inability to report as elaborately as they would wish. They had corresponded extensively, but thought that the Institute would need to have a more extended influence and to assert itself more widely before it would meet with the ready response from numerous associations which the Bureau would desire. They reported resolutions adopted by the Western Institute of Homœopathy and by the Massachusetts Homœopathic Society, each proposing that the American Institute of Homœopathy be re-organized as a delegated body, providing

for representatives from all parts of the United States at its annual meetings, and making of itself a more thoroughly national body. The Bureau submitted a set of resolutions that were laid upon the table for future discussion.

A medical communication was received from S. M. Cate, M. D., on "Lachesis in a certain form of Uterine Inflammation."

J. P. Dake, M. D., read cases reported by Dr. W. J. Blakely, of Benzinger, Pa., that were treated by "Mercurius protoiod." Dr. Blakely did not consider his experience quite conclusive, but promised further reports of the use of the drug. Accepted for publication.

J. H. Pulte, M. D., spoke of using this remedy in diphtheria and tonsilitis, attended by debility. He thought its action limited, but felt no other remedy was as satisfactory.

J. S. Douglas, M. D., told of his experience with the drug in both internal and external application, and Drs. Helmuth and Beebe reported its efficacy in treatment of goitre.

At the evening session William Tod Helmuth, M. D., of St. Louis, Mo., delivered the annual address before a large assembly of ladies and gentlemen.

He made an apology to the professional part of his audience for explaining a few facts regarding the subject of Homœopathy to those who were not conversant with the cause for which the Institute was organized. He mentioned the objections against it, and marked its triumphant progress throughout the country, avoiding all technicalities in the consideration of his subject. He said that the bitter and continued antagonism to Homœopathy might be taken as an implied guarantee of its truth. To substantiate this fact he referred to the records of nations, wherein it was plainly seen that all truths were put to the crucial test of heartless persecution and stubborn bigotry before they blazed out at last to be never-failing beacons to seekers after the right. The annals of both sacred and profane history are filled with examples of this fact. Dr. Helmuth alluded to the Jews, who denied Noah in his prediction of the deluge and his preparation to meet it; to the coming of the Messiah and its terrible consummation in the cry of the mob, "his blood be upon us and our children;" to the tortured martyrs and the starving Christians, all testifying to the difficulties through which truth must come before it becomes established. When Herodotus framed a system of geography he was called an idiot. When Pythagoras developed the truths made

perfect by Copernicus men called him a fool. When Plato whispered the word "Eternity" he was treated with scornful disrespect. William Harvey discovered the circulation of the blood, but dared not tell it until he had fully authenticated the discovery, and his assertion was treated with contempt, and he was accused of trying to undermine the Holy Scriptures. Galileo was punished with the rack and the dungeon for advancing his discoveries, and Jenner was persecuted by individual and government for announcing the discovery of the prophylactic powers of vaccine virus. Even the truths of geology were regarded as calculated to create disbelief in the revealed Word of God.

So with every great discovery; each and every one has had its opposition until fully verified to the satisfaction of the community. It follows, therefore, that Homœopathy, the greatest medical discovery of the world, should not be exempt from the persecution under which all other improvements suffered, and the violence and continuity of the assaults only place it more firmly in its niche among the great events that tend to elevate the human family to a higher standard.

Dr. Helmuth said, "Our opponents say Homœopathy is a humbug." The word in use is believed to mean a trick or an imposition intended to deceive. Homœopathy has been in existence sixty years or more, and its progress has been ever forward. Its sway is felt around the world, and no power has been equal to produce an interruption to its advance, though allopathy has combined both professional and unprofessional forces to incite its downfall. From the first proclamation of its truth by Hahnemann until to-day it has been secretly tested and publicly disclaimed, and it has flourished beyond all precedence. Is that a sign of humbug? If a person is cured, by Homœopathy, of a disease upon which the old school practiced unsuccessfully, we fail to see the deception. Nor will the person relieved of pain accept the term. And how can that which offers itself to severest tests of science be a humbug? It demands investigation, and does not ask to be taken by any one on trust. It stands open to comparison and does not even endeavor to mystify the public by high sounding titles and marvellous prescriptions. Its watch-word is the relief of suffering, the cure of disease, and it has proved true to the motto from the beginning. Is it possible for a humbug to stand revealed in such a light? It has been said to be devoid of common sense. But common sense is not the judge of events of

great and peculiar importance, for even the most ordinary discoveries have been objected to by common sense, simply because it is limited by surrounding circumstances and does not see the grand events looming up in the future. Common sense does not comprehend what it has not learned, but it is foolish to trust to it when it says that what it does not comprehend is not true. When Homœopathy is pronounced adverse to common sense it does not follow that it must fall, for that same mentor has proclaimed against every grand innovation in science since the world began. The progress of Homœopathy was the next point in Dr. Helmuth's address. The proofs of its advancement, he explained, were the increasing virulence of the attacks against it, and the proclamation against students in allopathic institutions either testing its doctrine or examining its remedies, while they advocate the exposure of its falsities when discovered. But a far more satisfactory sign of progression is the increase in our schools and colleges. And as the improvement advances allopathic practitioners grow more stern in their antipathy, one having said that he would not enter the house into which a homœopathist had been admitted, thus carrying his dislike until it savors of impertinence, for it is certainly impossible that a doctor's prejudice should rule a citizen's household.

Dr. Helmuth then asked why Homœopathy should be so anathematized when all collateral branches of medical science that are taught in one school are also adopted by the other. The fundamental branches of anatomy, physiology, chemistry, etc., are exactly the same; therapeutics, or the treatment of disease, is the rock upon which the difference is split, and the one who turns to the newer discovery of using remedies and preparing them suitably is a quack or an idiot. We fail to see the justice in this. Another sign of progress is the increasing popularity and production of homœopathic literature and the organization of hospitals and dispensaries for homœopathic treatment of those who cannot afford to employ physicians, or whom accident has thrown upon the mercy of their attendance and care. And not only are the institutions founded but they are patronized surprisingly.

Dr. Helmuth then gave a history of the plan, the organization and the subsequent downfall of a grand hospital that was to be erected in St. Louis under the auspices of the Young Men's Christian Association. The matter, nobly begun and grandly supported, simply fell through because allopathic influence was brought

to bear against it, and allopathic doctors were not willing to practice side by side with homœopaths, because in the city hospital in St. Louis in 1865 the allopaths lost $37\frac{2}{10}$ per cent. of patients treated, while the homœopaths had a mortality of $1\frac{1}{10}$ per cent. in the same space of time and with the same disease.

The facts confronted them also that Life Assurance Companies issues policies to people under homœopathic treatment at a percentage below the usual rates; and that Dr. Wilde, a prominent member of the old school in Dublin, conscientiously reported that during the prevalence of an epidemic in Vienna hospitals, two-thirds treated allopathically died, while two-thirds of those treated by Dr. Fleischmann, a homœopath, recovered.

Dr. Helmuth stated that Dr. MacLoughlin, a prominent London physician, noted the wonderful success of Homœopathy in the treatment of cholera, and said that, though he was an allopath by education, principle, and practice, yet, if he was attacked with cholera, he would rather be in the hands of a homœopathic than an allopathic physician.

These were the reasons, Dr. Helmuth said, that prevented the establishment of the proposed St. Luke's Infirmary in St. Louis. If Homœopathy is a deception, asked he, why did its opponents not take advantage of the opportunity of exposing its deceit?

Dr. Helmuth then made quizzical allusion to the old school practice of administering medicine twice a year to well people so as to keep them well, and his description of the course of ipecac, calomel, castor oil and quinine and brandy provoked considerable amusement.

Said he, they have followed our lead in diminishing the size of their doses. The "sugar coated pills" which were the objects of scorn to our traducers are now imitated in every reputable pharmacy, and allopathic journals devote whole pages in advertising the prescriptions in which "sugar coated" seems to offer their chief advantage. He stated that at the present time, the allopaths are the sugar pill men of the century.

The results of this innovation will soon become apparent in healthier bodies and clearer minds, for the system no longer clogged with quantities of drugs will rebound, the brain will become clear, and the future race will be an improvement upon the progenitors who were submitted to heroic doses and blood-letting.

Dr. Helmuth earnestly urged his hearers to support the cause of Homœopathy and to prove it was no humbug or imposture.

To always aim to prove it a noble science whose progression is not to be limited, to show that no disease exists that Homœopathy can not alleviate, if not eradicate. For it never professed to accomplish impossibilities, yet it is and always will remain an immutable law of cure for disease, an irrefutable truth, a science that will stand like "The hills, rock-ribbed and ancient as the sun," an ever lasting monument to its founder and a blessing to suffering humanity.

On motion of H. M. Smith, M. D., a vote of thanks was tendered to Dr. Helmuth for his beautiful address, and a copy of it was requested for publication.

On the second day at the morning session, Dr. I. T. Talbot presented this resolution, which was unanimously adopted.

Resolved, That the Bureau of Clinical Medicine be instructed to prepare a concise circular, with directions for general circulation, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute."

The report of the Bureau of Organization, Registration and Statistics was now taken up for consideration by the Institute, acting as a Committee of the Whole, with Dr. E. M. Kellogg as Chairman. At the request of the Committee, the Secretary read the whole report of the Bureau, and its contents were discussed, when it was decided to request the Bureau to make and report a list of its membership past and present; a list of all homœopathic physicians in America, and full statistics of the numerous societies and institutions connected with Homœopathy.

Dr. J. P. Dake said that Dr. John B. Hall had a directory prepared which would be published in a short time, for the preparation of which he asked the assistance of the members in every possible manner.

For the part of the report referring to the re-organization of the Institute the following resolution was offered:

Resolved, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proportion:

First. From every association composed of more than fifty members, from different States, two delegates.

Second. From every State society, two delegates; additional, for every twenty members, one delegate.

Third. From every county or local society, one delegate.

Fourth. From every college, hospital or dispensary actually established, each one delegate.

Fifth. For every medical journal published, one delegate.

Dr. S. S. Guy presented the following amendment, which was adopted:

“It shall be the duty of these delegates to present to this Institute, through its proper Bureaus, a clear synopsis of the doings of their respective associations or societies.”

Dr. H. M. Smith then presented the resolution:

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list. Adopted.

The report of the deficit, as stated by the Auditing Committee, was considered, and the following resolution, by Dr. S. R. Beckwith, adopted:

Resolved, That the members of the Institute be required to pay the annual sum of three dollars toward defraying the expenses of the Institute.

The Committee of the Whole withdrew and the Institute resumed its session with Dr. Beckwith, the Vice-President, acting as Chairman. The delegates from the numerous bodies returned their reports. By this means reports were heard from seven State societies, eleven county societies, five colleges, ten hospitals and dispensaries, and six journals.

Dr. J. P. Dake gave notice of the establishment of the Hahnemannian Insurance Company at Cleveland, Ohio, and Dr. H. M. Paine told of the Atlantic Mutual Company of Albany, both of which made an object of insuring homœopathic patrons at a reduced premium.

Dr. Beebe offered a resolution which, after discussion, was adopted, viz.:

Resolved, That, while we approve of the establishment of Life Insurance Companies which make a distinction in favor of the patrons of Homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The afternoon session opened with a report from the Bureau of

Surgery. Dr. W. T. Helmuth read a report in which the surgical improvements made in the past were discussed. Dr. J. Beakley had an unfinished report which he promised to present in time for publication.

S. R. Beckwith, M. D., read a paper on "Ovarian Tumors."

Bushrod W. James, M. D., made a report on "Aural Surgery," in which he explained the results of certain accidents to the ears. For the relief and correction of perforated or lacerated drum he showed an artificial tympanum that could be readily adjusted, and by which his patients were made to hear distinctly.

J. H. Pulte, M. D., offered a paper on "The Spectroscope and the law *Similia, Similibus Curantur*."

The papers were all accepted for publication.

Dr. Henry Turner, from London, was invited to deliver an address. He told of the severe opposition that the system of Homœopathy was enduring from old school practitioners, yet the progress was onward, as shown by societies, hospitals and journals that were springing up in different directions in and around the city of London.

Dr. Thomas Hewitt, of Allegheny City, read an article on the "Cause of Collapse in Cholera." He stated that collapse was caused by the loss of fluidity in the blood, owing to atmospheric influences, and said that Dr. Richardson, of England, believed it was caused from the absence of ammonia in the blood. He stated that ammonia had not been sufficiently proven to warrant its use, and he called upon his colleagues to begin the study of the drug as a very important question in time of cholera epidemic.

H. M. Paine, M. D., offered a paper giving his experience in the treatment of cholera.

Bushrod W. James, M. D., offered the following resolutions, which were adopted:

Resolved, That this Institute, as the national homœopathic organization of this country, recommend to the physicians of our profession throughout the land, that, should the Asiatic cholera appear on our shores, they should keep a statistical record of all cases treated by them, either in private practice or in public institutions, to be reported to this body for preservation and publication.

Resolved, That all local and State medical societies be solicited to aid in carrying out this measure.

On motion of H. M. Smith, M. D., the resolution adopted

June 7, 1854, whereby the elective officers of the Institute were made ineligible to the same office for two successive years, was rescinded.

T. S. Verdi, M. D., of Washington, offered a resolution which, after some discussion, was adopted:

“*Resolved*, That the American Institute of Homœopathy invites the homœopathic physicians of Europe to form, in each respective country, a national institute similar to the American Institute; and that these institutes may communicate with each other, and exchange, as far as possible, homœopathic publications.

“Also that once in five or ten years these various Institutes shall assemble by delegates in some large city to hold a general congress to promote the interests of homœopathy.”

On motion of Dr. H. M. Smith, the President was authorized to appoint delegates to a proposed International Homœopathic Congress to be held in Paris during the year 1867.

On motion of Dr. S. S. Guy a vote of thanks was tendered to the Homœopathic Medical Society of Allegheny County for the pleasant manner in which it had entertained the members of the Institute, and also to the papers of Pittsburg for faithfully reporting the proceedings.

On motion, the Secretary was instructed to send a copy of the Transactions to each State or local society who had sent delegates to the meeting.

Obituary notices were read commemorating the lives of John A. Tarbell, M. D., of Boston, Mass.; Charles Wild, M. D., of Brookline, Mass.; Daniel Swan, M. D., of Charlestown, Mass.; Joshua B. Stretch, M. D., of Salem county, N. J., and Henry Duffield, M. D., of Oxford and New London, Pa., all of whom were faithful homœopaths, several having become converts to its doctrines after practicing in the old school.

Henry D. Paine, M. D., was appointed Necrologist for the following year.

Dr. James A. Herrick presented an invitation to the members to visit the Homœopathic Dispensary, which was accepted with thanks.

The President then appointed the Bureaus for the next session of the Institute.

On motion of Dr. I. T. Talbot, it was voted that a committee of five should be appointed to consider the compilation of a complete code of Medical Ethics.

The President, therefore, appointed Drs. Carroll Dunham, Walter Williamson, E. M. Kellogg, A. S. Ball and G. W. Barnes as the committee.

On motion of Dr. S. R. Beckwith this amendment was adopted to be inserted into Article X. of the By-Laws:

"*Resolved*, There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining thereto."

The President then named the members for this new Bureau.

On motion of H. M. Smith, M. D., the Secretaries and Treasurer were appointed the Committee on Publication for the year 1867.

All business being finished, J. P. Dake, M. D., moved the Institute adjourn, which it did to meet in New York city, on June 5, 1867.

"E PUR SI MUOVE!"*

It is not a happy day when the young reader learns that Bunyan's "Pilgrim's Progress" is not the record of a series of adventures which actually befell one man named Christian and that *Greatheart* is only a creation of the inspired tinker who dreamed a dream in Bedford gaol. And much older readers are by no means pleased on being assured by our destructive modern school of criticism that Galileo's famous asservation is fully as apochryphal as the spectacular saying ascribed to the *Old Guard* at Waterloo. How true it is that we do not like to have our idols broken, even when we find that we have been worshipping a false god! Alas, for our poor human-nature, Ephraim is not the only one that is joined to his idols.

These and similar wise (or otherwise) reflections occur to a somewhat old practitioner of Homœopathy on turning over the pages of the beautiful book under notice. To be sure, everything about this volume is well calculated to disarm adverse criticism. In the first place, the Cochran printers have certainly "done themselves proud," for handsomer typography is not to be found every day. In the second place, who can read the author's dedi-

*Practical Medicine. By F. Mortimer Lawrence, A. M., M. D., Assistant in Practice of Medicine, Hahnemann Medical College; Chief of Medical Clinic, Hahnemann Hospital Dispensary, Philadelphia. Boericke & Tafel. 1901.

Homœopathic Practice of Medicine. By Jacob Jeanes, M. D., Philadelphia. Printed by A. Waldie, No. 46 Carpenter Street. 1838.

cation, "To my Mother," and keep his heart from going out to meet Dr. Lawrence,—and going more than half the way, too? In the third place, there is the Doctor, who, aside from his captivating dedication, is evidently a man of cultivation; one who got his A. M. after the lawful period of scholastic gestation, who did not derive it from some complaisant Methodist mill for making A. M.'s from unripe pumpkins and D. D.'s from basswood and old boot-tops, and who is evidently well "up" in the latest "scientific" wrinkles, as witness "Diseases of the Blood," pp. 321-342. Dear Lord, how all this makes an old-fashioned (and, perhaps, old foggy) practitioner rub his eyes and ask himself, "*Is this a Homœopathic practice?*" Just as he gets ready to shake his head he happens to read again the title-page—"PRACTICAL MEDICINE."

No; it isn't the tragedy of Hamlet with Hamlet left out; and yet the omission of that dear old adjective, "homœopathic," makes it look liker to a tragedy than the cloud that poor old Polonius thought so "very like a whale," was to that mammifer.

"He's in a 'Hahnemann' college, ain't he?" demands the old doctor. "And he's in a 'Hahnemann' hospital, ain't he?" The somewhat bewildered old doctor rubs his bald spot, and gives his right parietal bone the meditative scratching that "comes so natural" to us all when we are perplexed.

My ancient and somewhat superannuated friend, BACON, assures us that "a rose by any other name would smell as sweet," and you had better wake up to that fact; *this* is the TWENTIETH century, and "don't you forget it."

"'Twentieth century,' be d——d! I want you to remember that SIMILIA SIMILIBUS CURENTUR isn't a matter of 'centuries;' it's *come to stay*; it's got its share in what Mr. Bryant calls

"The eternal years of God,"

and 'don't you forget it!'"

Whatever we may think of the old doctor's logic, we can but respect his loyalty.

* * * * *

Evidently Dr. Lawrence is a "homœopath" after President Porter's own heart; he is a homœopath *plus* every savory ingredient that is seething in the flesh-pots of Egypt; a medical *Frankenstein* that bows to Gesler's hat every day in the week and more than twice on Sundays. Let us see (if, indeed, we can properly wipe our specs) whether Homœopathy is the gainer by this "combination."

It is said that the chief end and aim of German medicine is a correct diagnosis. If a patient *will* die after *that* is gained or gotten, then it most certainly is from "pure cussedness." My dear reader, if you are a physician, let me ask, did ever a patient smitten with a mortal disease say to you, as you approached his bedside: "Doctor, what is your 'pathy; what is your guiding theory; what is the 'pathology' of my case," etc., etc.? Did not the mute appeal in his anxious eyes say plainer than any words could, "My fellow-man, what in the name of God can you do for me?" In the face of that interrogation what is the Science that "knows" compared with the Art that DOES? The will o' the wisp of "science" is a beautiful iridescence, but it has a sad way of luring one into the Slough of Despond. Speak up, you gray-headed physicians whom the years have well "salted," as Ambrose Pare would say, and contradict me if you *truthfully* can!

Of course, the homœopathic physician should be fully abreast with the proudest "regular" is all the knowledge that Science can bring to the bedside; but the homœopathic physician should never forget the divine guidance of the pillar of cloud by day and column of fire by night, which is Heaven's own *ecce signum*! In the mere *knowing* he should walk proudly beside his older brother in medicine, but the "parting of the ways" comes in that supreme moment when the *knowing* is but as a tinkling cymbal compared with the *doing*. The suffering patient will cheerfully allow us all the "theory" that was ever framed; he asks only the "practice" which has in it the healing of the nations.

This, and it is not said in an invidious spirit, the reader of this book will seek in vain in the volume before us. Look at "Per-nicious Anæmia," p. 333; look at "Hæmophilia," p. 339; look at "Leucocythæmia," p. 334. Each of these articles, is therapeutically, just a beautiful apple of Sodom,—“only this, and nothing more.” (Perhaps the writer has the right to say that the recommendation of *Picric acid* for leucocythæmia is simply an utter misconception of the "physiological action" of that remedy, which the homœopathic school has been absolutely unable to comprehend. I beg leave to add that this pronouncement is more "truth than poetry;" and if anyone doubts this let me refer them to William Jefferson Guernsey, M. D., whose *prepared food* is the crowning chemical triumph of the nineteenth century.)

When Pope sent Bentley a copy of his translation of the *Iliad*, the famous Greek scholar said: "It's a nice book, Mr. Pope, but do

not call it *Homer!*" And one may justly say to Dr. Lawrence: "It's a well-written and a well-informed, *terse* book, but don't call it Homœopathy"—which is exactly what Dr. Lawrence has taken pains *not to do*. No; it is only "practical" medicine, and in this reviewer's opinion the actual *practice*, as given in it, falls far short of the possibilities of homœopathic therapeutics as applied by the pioneers of Homœopathy—for there were giants in those days where there are but pigmies in ours.

The present reviewer does not presume to speak *ex cathedra*. No; he is but exercising that right of personal judgment which he most unreservedly recognizes and respects in the instance of Dr. Lawrence himself. He is also writing from some little experience as a teacher when he declares that, as a treatise on *practical* medicine for the use of one *in statu pupilaris*, the title is a misnomer. And if the established practitioner himself be well up in his *Materia Medica* the remedy lists, as given in so constipated a manner by Dr. Lawrence, shall give him no *homœopathic* aid; while if the poorly-informed physician buys this book, as a *guide to practice*, nothing but the grace of God will preserve him from knocking one of the Ten Commandments into "smithereens."

At the same time, the homœopathic under-graduate and the homœopathic physician who was graduated in my day, and even much later, will make one of the sorriest of mistakes if he does not buy this very volume, and read it very carefully and prayerfully. And this were it only for the masterful manner in which it will "post him up" in many things that were not dreamed of in his day and mine. Notably is this true of the modern methods of blood examination; though this feature is by no means all that is commendable in Dr. Lawrence's hand-book.

It is in this very field—blood deteriorations—that the true homœopathic physician of the near future is to earn the greatest laurels for *Similia similibus curentur*, and it is even such poor homœopaths as Dr. Lawrence who are "blazing the path." Hence it is that I have said, as Galileo *should* have said, *E pur si muove!*

An effete ex-professor, who is nothing if not a "homœopath," hails this book with unspeakable thankfulness. It reveals to him the glad signs of the dawn of a better day for Homœopathy—yes, for H o m œ o p a t h y. Does some dyed-in-the-wool disciple of Hahnemann ask, wonderingly, *Why?* Well, it is just a luxury to tell every "holier-than-thou" homœopathic doctor that he is

not a *physician*; that he is only a *therapeutist*, a useful article at the bedside, but still a recreant to the trust reposed in him by Hahnemann himself. "Indeed?" Yes, sir; in very deed!

Was not Hahnemann thoroughly "posted" in all the medical knowledge of his day? Ask Hufeland; ask Berzelius; ask Christison. Are *you* equally well-informed? Are not "the symptoms" enough for you? Yes, undeniably yes, as a mere *therapeutist*; but it is your bounden duty to be a *physician*—and that you are not with *only* your *therapeutic* equipment. Your "symptoms" it is that lead you to make diagnoses which bring for Homœopathy the contempt which deters physicians of the older school from giving Hahnemann's benign therapeutics the consideration that they should have from every man who is entrusted with his brother's life. You and your kind "cure" a chordee and a consumption with equal facility; mere men laugh at you, but the angels weep at such sorry pranks. You and all of your kind had your duty plainly pointed out to you more than half a century ago; for a man whom your Russell, your Drysdale, and I believe your Dudgeon (whose days may God prolong!)—whom all these knew and loved,—wrote:

"The homœopathic physiologist must learn to take more cognizance of the substantial stuff of which the body is composed, and by the coming and going of which it is sustained. His science is too gasiform. He must fix it in the solid bones, the firm flesh, and the liquid blood of living systems. As a speculator, he is in danger of becoming attenuated and mystical. But for the best thing about him, *viz.*, the fact that he is a successful and eminently practical physician, his theory might have evaporated long ere now. As it is, there is no man of science of the present day who stands so much in need of being implored to study other departments profoundly. The apostle of Homœopathy should be a very learned man, in order to harmonize the new doctrine, at first sound so discordant, with the old culture and the swelling sciences. *This is the task he must perform.*"

Perhaps one of Luyties's marvelous preparations will help you to digest the solid truth of these words, and if so, you will be richer paid for your money than any of Luyties's gilt-edged "stock" can ever make you—but this is only my private opinion publicly expressed.

* * * * *

Jeanes, 1838; Lawrence, 1901; sixty-three years! Place the

two books side by side. Read a chapter in Lawrence's volume; read another in dear old Dr. Jeanes's pages. Both are really believers in Homœopathy, but they do not speak the same language in their books. No, there has been another "confusion of tongues," some homœopathic physicians have been beguiled by "Science" into the building of another tower of Babel whereby they hope to scale the battlements of therapeutics without the arduous toil that the application of *similia similibus curantur* inexorably demands; and of such is the ripely cultivated author of this book now open before me.

My brother, your Babel can end only in the "confusion of tongues," so far as concerns the great end of all our endeavors, healing,—but build your tower as high as may be; haply some one who has struggled to its greatest height may then discern that "Promised Land" in which, as God liveth, there shall yet be found the enlightened Homœopathy of the future—Homœopathy "armed and equipped as the law directs."

SAMUEL A. JONES.

Ann Arbor, 25th of November.

A NOTE ON THE HÆMOLYTIC ACTION OF PICRIC ACID.

After the storm of studied defamation to which I was subjected some twenty-five years ago regarding my interpretation of the blood-degradation produced by *Picric acid*, I had thought never again to write a single line concerning this remedy. A paper thereon was written for the 1876 gathering of the American Institute of Homœopathy, which paper was accepted for publication by the president,—he that was Carroll Dunham, ehcu! The said paper was stereotyped for incorporation with the other papers then read and discussed; but my attendance was prevented by the fact that I was called to attend a patient at Martha's Vineyard—an abnegation of self which my fellow-physicians will readily understand,—for what profession is so self-sacrificing as the medical?

The paper was accepted by the president, and would have been printed were it not that a defalcation (well known to the "ring") necessitated the closest economy; from which cause the contribution of a most distinguished German physician and my own were suppressed by a committee of the Institute. As at least one of

that committee is still alive, I shall charitably leave his exculpatory "explanation" unpublished, and make one more attempt to bring the action of *Picric acid* upon the red blood-corpuscle down to the level of his comprehension.

Let me first acknowledge that the direct incentive to the present "Note" is Dr. Lawrence's recommendation of *Picric acid* as a remedy in leucocythæmia; and I write the more gladly from knowing by his scholarly work that *he* will comprehend that which the American Institute of Homœopathy could not in 1876.

Dr. Lawrence's misapprehension of the hæmolytic action of *Picric acid* is shown by the fact that there being "an enormous increase in the number of leucocytes" in leucocythæmia, he deems it a logical deduction that *Picric acid* is "indicated" because a *quasi* increase in the number of leucocytes is to be found in the blood of the animal subjected to picratization. Such a deduction is strictly logical and would be valid were it not that the said increase in the number of leucocytes is *relative* and not *absolute*.

If Dr. Lawrence will subject a warm-blooded vertebrate to gradual picratization, a microscopical examination of its blood will show a very marked preponderance of the white over the red blood corpuscles; but von Fleischl's hæmometer will reveal a large decrease in the *normal number* of red blood-corpuscles; and to this fact is owing the seemingly "enormous increase in the number of leucocytes."

Moreover, a prime feature in leucocythæmia, namely, the enlarged spleen, is never found in a picratized animal; in view of which fact Dr. Lawrence is too good a pathologist, as his work amply proves, to include *Picric acid* among the possible remedies for this dire disease.

A few experiments in the laboratory will convince Dr. Lawrence of the strong chemical affinity existing between carbazotic acid and sodium and potassium. He will find the urine of a picratized animal highly blood-colored; he will also find that this coloration is not owing to the conversion of *Picric acid* into chrysophanic, as one of my old-time assailants affirmed upon the authority of an old school professor to whom he appealed for the knowledge which he could not get from his own school.

Now for the action of *Picric acid* upon the blood. Dr. Lawrence well knows that sodium is essential for the life of white blood-corpuscles, while potassium is as essential for the existence of the

red. *Picric acid robs both of their sodium and potassium*, and hence one source of the peculiar urinary coloration. But this coloration is not due solely to the isopurpurates of sodium and of potassium. Dr. Lawrence can easily find enough urohæmatin in the urinary excretion of his picratized animal to tell him that there has been "an enormous" destruction of red blood-corpuscles which to *him* will account for that urohæmatin, and also for the disintegrated red blood-corpuscles with which the field of his microscope will abound when the picratized blood of the animal is examined. Dr. Lawrence's trained eye will also detect in the same picratized blood vast numbers of red blood-corpuscles *in various stages of fatty degeneration*, showing that death is at work in the blood of a picratized victim.

This was claimed in my paper of 1876; and this is what the "scientists" of the American Institute of Homœopathy, in 1876, said was "not proven"—as if a poor professor, "passing rich," on a salary of twenty-two hundred dollars, could afford to teach *Materia Medica* and at the same time "couch" the cataracts of every purblind member of the American Institute of Homœopathy!

An old workman, who has not been wholly idle in the vineyard, is thankful for the assurance brought to him by the advent of such a work as that of Dr. Lawrence, namely: That from such hands as the doctor he shall receive that intelligent comprehension which would have comforted him when he was the mark for the venomous shafts of ignorance: and he is to-day proud to declare that Dr. Samuel O. L. Potter proved himself the most active and efficient of his defamers.

* * * * *

The mention of the distinguished old school professor, Samuel O. L. Potter, brings with it the fragrant memory of the "Milwaukee Test" which its god-fathers to-day serve as the dog does the lamp post. That "logical" demolition of Homœopathy raised a devil which his worshipers have not been able to lay with bell and candle. It found fruitage in a certain *Pharmacopœia*; it has brought in its train the "compound tablet," in which so many "homœopathic" physicians take delight; it has "mon-keyed" with even the scholarly editor of the English *Cyclopædia*; and this when it led him to exclude provings with the 30th potencies—"but yet the pity of it, Iago!"

As I profess to be a homœopathic physician, perhaps this "dose" is too large for the occasion. I do not wish to get up an "aggravation," yet, if I have hit upon the *similimum*, that event is at least possible. Allow me, then, to take up *Picric acid* in a subsequent issue of the RECORDER, when I shall *prove that the best proving for revealing the genius of Picric acid, when applied in disease under the law of similars, was made with the Thirtieth Potency thereof.*

SAMUEL A. JONES.

Ann Arbor, 27 of November.

RHUS TOXICODENDRON.

Cases From the Orient.

By Dr. A. W. K. Choudhury.

The name is well known to all of us homœopaths, from the master to his pupil and from the best graduate to the novice in Homœopathy. I may call it an almost every day medicine. *Rhus tox.* should occupy a room in your medicine chest, otherwise it is sadly incomplete.

If anyone of my readers is not acquainted with it as much as is required of him I give him here a brief description: It is a plant and our tincture is from the fresh leaves. It is said that we get it from North America. This is one of the medicines which was proved by Dr. Hahnemann. On the *skin* it has a well-known action; many skin eruptions are amenable to treatment with it. We often see and hear of wonderful cures of very bad skin diseases with the help of *Rhus tox.* I will presently give you below a wonderful recovery, and then and there you will see what power Homœopathy has in treating what are generally considered incurable cases. But I am sorry to let you know that the patient when almost recovered left the treatment, he being a charity patient of mine, though not pecuniarily fit to be so. In many, many cases of *rheumatism Rhus tox.* has been found very efficacious. It may be used beneficially in *sprains*. In the treatment of *intermittent fevers* Homœopathy has a good friend in *Rhus tox.* and I can supply you with many cases of intermittent fevers cured with *Rhus tox* from my practice. I have no experience of

its efficacy in *typhoid fever*, as typhoid fever is very rare here. It is said that it has an *anti-paralytic effect*. In *diarrhœa* and *dysentery* the medicine may be used with good effect. Here I will give you another case to show you its wonderful action in another dire disease. This will be the second in the series of my cases in this paper. Authors agree that it has a noteworthy action on the *mucous membrane of the eyes*. I think I will be able to describe here a case of conjunctivitis neonatorum from my practice, though it is not a rare disease to treat with *Rhus tox.* This case will be the fourth of the series in this paper. The beneficial power on which it counts in the treatment of some *diseases of the urinary tract* is not less remarkable. Our literature is not so replete with cases of urinary diseases treated with *Rhus tox.* I have some experience with the admirably satisfactory action with which *Rhus aromatica* has in controlling nocturnal increase of urination, in involuntary urination during sleep and in increase of urination in the daytime, and moreover in incontinence of urine. To show that *Rhus tox.*, too, has a good action in some diseases of the urinary tract I will give you another case, and that will be the third of the series.

Leprosy.

CASE I. Patient, Braja Nâtha Bhattacharya, aged about 50, practically a perfect Hindu, a strict lacto-vegetarian. Case No. 114 of my Case Book XII. Came under treatment May 21, 1900. The following is his case as in my case book: First noticed on the right foot, gradually travelling upwards; now almost all over the body, face not excepting. On some places groups of hypertrophied skin clearly made out; some loss of sensation on the toes, fingers, feet, and hands; nails diseased of hands and feet since about a year.

Never salivation; never syphilis. Had itch-eruption about six years past; urticaria used to break out on some occasion in a period extending over some ten years or so. Never pityriasis.

Eruptions sometimes burn; occasionally burning of soles of feet and palms of hands. Ringworm since about twenty-six years or so. Pollution now and then.

Appetite good; daily one stool; urine not colored; taste in mouth bitter sometimes; tongue slightly coated yellowish in the middle part; margins indented and slightly red.

Thus far is the description of the case in my case book. The

color of the skin affected was reddish. Both nipples were hypertrophied, of the size of an adult finger-tip, and each about one inch long. Ulcerations were found here and there, especially on fingers and toes.

The hypertrophy of the skin, which is mentioned above, is not well developed.

One whose eyes are well experienced with the appearance of leprosy may not do otherwise, in my opinion, than to diagnose the case to be one of the same.

He attended my dispensary till December 29, 1900, when I gave him medicine for two months or more. The whole period under treatment would make about nine months. He was gradually improving. His improvement was marked on the face and fingers; eyebrows which had been without hair before the commencement of treatment were beautified by the growth of hairs, commencing from the root of the nose and extending outward.

Throughout the whole course of his treatment he got only *Rhus tox.*

I don't know what made him discontinue my treatment; most probably to escape a remuneration to his doctor. Once, a few days ago (writing in June, 1901), I met him in the way, covered with itching eruptions after an abuse of *Quinine* for the treatment of an attack of intermittent fever. He promised to come to my dispensary next Friday, but that Friday never came. But I found his leprosy not increased.

Now, my reader and lover of Homœopathy, it is a bit of felicity to learn that *Rhus tox.* may show satisfactory results in some cases of leprosy. Leprosy is, as far as I know, a very bad disease to treat, yet I was fortunate enough to have selected a beneficial remedy. This case of leprosy is the only one that I have chanced to treat, and by this case I am so much emboldened, I dare say, that I would not be disheartened to treat the next case that comes. Leprosy may be treated homœopathically with benefit, though not always with the same remedy as we usually see in the treatment of intermittent fever. We should give *Rhus tox.* a trial, if symptoms suit, in any leprosy case.

Cholera.

CASE II. Diarrhœa and dysentery are one of the provinces of *Rhus tox.*, where we speak of its valuable aid. The following is a

case of cholera, though not well developed for ready and prompt treatment. This is Case No. 140 of my Case Book XII. Patient, a Mahomedan widow of the weaver class, entered in my Case Book June 28, 1900. She was aged about 40 years.

History and symptoms of the case as are in my case book: "One day, back of day before yesterday, she exposed herself whole day in rain water while she walked a distance of about twelve miles. She worked hard with the *Dhenki* (a native instrument for preparing rice, etc., etc.) to prepare the turmeric powder. These caused pain all over her body. Previous night had good sleep. No very uncommon article of food the previous night."

Stools about twenty times during the time (purging commenced at 7 A. M., and saw the patient at about 11 A. M.); whitish mucous flakes with yellowish particles (small), with a portion like the rice water; bloody or blackish portions; colic in abdomen occasionally; bilious vomiting; irresistible thirst; tongue tipped and margins clean; middle and posterior part coated yellowish; urine not suppressed; eyes sunken; weak; pulse small and weak.

She was given *Rhus tox.* 6, one dose every quarter of an hour, till amelioration; at about 2 P. M. the patient was visited once more; passed four stools; no vomiting; passed water with stools; colic continuing, but less severe; thirst. "Given 8 doses to be taken every two hours. Seen after evening. No more vomiting; no thirst; no colic; stools less gradually, thicker in consistence; is better." Repeated two doses.

Next day she was all right and was given placebo.

Result—Recovery.

Though mere vomiting and purging, especially now, in these days of the bacteriologists, would not assist in diagnosing a case of cholera, yet the rice water stools with whitish mucous flakes, well developed weakness, with sunken eyes and very distressing thirst and restlessness, which I yet remember very nicely, are all in my favor to diagnose the case as one of cholera. If the case as given above be diagnosed by you, my reader, to be a case of cholera, Homœopathy claims another good remedy in *Rhus tox.* for the treatment of cholera.

Gonorrhœa.

CASE III. *Rhus tox.* in a case of gonorrhœa. This is case No. 188 of my Case Book XIV. Patient, a male Mahommedan,

aged about 25, leading a celibate life, came under my medical treatment July 8, 1901, for the treatment of the disease. His case as is entered in my Case Book : Discharge not very thick, with yellowish white color, more in the daytime; burning in the commencement of micturition and after it; slight swelling of penis; stream of urine normal; pain in upper limbs (joints) and in the small of back in the morning on rising from bed, vanishing afterwards.

Bowels open daily, once; but twice to-day, morning; tightness of head sometimes; burning of soles (of feet) and palms (of hand), and heat of vertex almost always; skin of penis tender; incontinence of urine; increase of urination in times; double stream (twisting); slight swelling of the urethra and redness at the meatus; ulceration of glans penis; biting in urethra; no warts; occasional numbness of various parts; tongue clean; taste in the mouth insipid, saltish, or sweetish sometimes; perspiration during sleep.

He was given *Rhus tox.* 6, two doses daily. He continued to get *Rhus tox.* till the 14th inst., and placebo till the 26th inst. On the 27th got another dose of *Rhus tox.*, and then after this *Sulph.*, three doses, till the 30th inst. Then his symptoms stood still and appeared to be quite different, which obliged me to change *Rhus tox.* for some other medicine. The severity of the symptoms and the symptoms themselves disappeared about more than half under *Rhus tox.* His pain in limbs totally disappeared; discharge, burning in micturition and after it, incontinence of urine, frequent micturition all abated gradually and satisfactorily till the improvement became stationary, which caused me to try *Sulph*; but this great anti-psoric and great anti-syphilitic remedy did apparently nothing in the case. Whether *Rhus tox.* could do further in the case; to ascertain this I tried the case with another dose of it among the *Sulph.* doses, but did no more. But the next medicine (*Ac. fluor.*) is now doing good work in him.

The above case shows very clearly that *Rhus tox.* may be very efficaciously used in some cases of gonorrhœa, though it failed to cure the case; and gonorrhœa is a disease which is scarcely amenable to treatment, as far as I know, with a single and one remedy throughout the whole course of its treatment. I do not know how *Rhus tox.* is used by others in the treatment of gonorrhœa.

Conjunctivitis.

CASE IV. Above three cases are no doubt examples of very rare diseases amenable to treatment with *Rhus tox.*, each from a different region: One from the skin (external covering); the other from the mucous membrane of the intestines (the internal covering), and the last from the mucous membrane of the urethra. In the present case I would not be able to give you here a rare disease treated with *Rhus tox.*, but the disease is not so common among the general practitioners. This is a disease of the mucous membrane of the eyes—conjunctivitis neonatorum. This is Case No 205 of my Case Book XIV., entered in my Case Book July 18, 1901. I visited the child when it was about one and a half months old. The disease commenced the third day after delivery. On being questioned the mother denied gonorrhœa or leucorrhœa. The following are the history and symptoms of the case as taken down in my Case Book:

“Both eyes spasmodically closed, it was difficult to examine the eyes; left eye first affected; in dark room opens them slightly; both palpebral conjunctivæ red; lachrymation; photophobia; left cornea slightly hazy; right cornea not examined, the eye-lids so firmly closed; sound sleep; tongue clean; their yellow stool becoming greenish on exposure.”

“Mother had lately diarrhœa; burning of palms (of hands); heat of vertex; bowels open; appetite not good always; sleep good.”

The child was treated with **Rhus tox.* to thorough recovery. I wish to add here that *Rhus tox.* is a very good remedy in the treatment of conjunctivitis neonatorum, for which I deem it an advantage to quote from Dr. A. B. Norton's *Ophthalmic Diseases and Therapeutics*—“Ophthalmia neonatorum, and when the trouble arises from exposure in water. The lids are red, œdematous, and spasmodically closed. The palpebral conjunctiva is especially inflamed, so that when the lids are opened a thick, red swelling appears with a *copious, thick yellow, purulent discharge*; or the discharge may be less and a *profuse gush of tears may take place*. The child is usually cachectic and restless; head hot.”

When I examined the case I found, on opening the left eye,

* I once more let my readers know that I almost always treat nurslings by administering medicine to their nursing mother, with results always enviable and never with any risk to the patients (*Writer*).

the palpebral conjunctiva especially inflamed, and though I did not see any purulent discharge as given by Dr. A. B. Norton, but I was informed in reply that when the lids were opened a profuse gush of tears took place. I could not see the severity of the symptoms, as I was called very late.

If we compare the case with the above quoted symptoms we will see the case an exemplary one.

Overheating.

CASE V. My reader, I have already given you above a case where you can see that a disease, cholera in one case, after thorough wetting has a very good remedy in *Rhus tox.* In the above case (in the above mentioned cholera case) it's wetting externally. In the present case you will have a disease after internal wetting—after drinking while hot in play (running, etc.), where *Rhus tox.* produced a good result. A boy, one of my relations, while hot in play, notwithstanding my forbidding, drank cold water, and just after the play was over complained of pain in his throat, which pain troubled him much the following night. The next day he was prescribed *Rhus tox.* He recovered under the medicine. This is Case No. 186 of my Case Book XIV.

Intermittent Fever.

CASE VI. It would be a downright injustice done to *Rhus tox.* if it passes without any remark made on its usefulness in fever. We are not destined to witness typhoid fever cases in Bengal as doctors in Europe and America; but, on the other hand, many cases of intermittent fever are treated daily here by almost every practitioner. So I can give you here a case of intermittent fever treated with *Rhus tox.* This is Case No. 199 of my Case Book XII. Patient came under my medical treatment September 11, 1900, with the following history and symptoms: Type, tertian; time, 3 to 4 P. M.; at first internal burning, with slight, greasy sweat; then follows internal, slightly chilly feeling; then with that yawning and stretching; then external heat with lightness of head; then follows sweat more marked than that of the previous one; no thirst; at the latter part of heat she goes to bed and falls asleep; then when wakes up finds covered with sweat; and then again falls asleep on changing side of bed, but when gets up in the morning finds sweat disappeared and no fever.

Bowels constipated; no stool every three or four days; stool hard, knotty; urine red with burning; appetite wanting; sleep

good; taste in mouth insipid; apyrexia complete; tongue with small, deep crack, *coated and colored with pan juice on the left side, anterior and right side clean*; spleen enlarged and indurated. Pain under percussion on right hypochondrium and epigastrium.

Bathed twice the day she got the fever, and the next day bathed when hot, after 12 o'clock noon, under the scorching sun.

She continued under treatment till the 15th inst., and got only one dose of *Rhus tox.*, 6, on the 12th inst. My reader, here is another case of intermittent fever recovered with one dose of the selected medicine. Look here, quinine-curers! The patient had been suffering from the fever for six days when she came under treatment.

Another Intermittent Fever Case.

CASE VII. I add here another case of intermittent fever treated with *Rhus tox.* with satisfactory result from my practice. This is Case No. 177 of the above Case book. Patient came to dispensary August 7, 1900. He is a Mahomedan of the neighborhood, aged about eighteen years. His case runs as follows:

Type.—Tertian.

Time.—2 P. M., 1st day; no fever, 2d day; 9 to 10 A. M., 3d day. (A severe paroxysm.)

He attended the dispensary on the fourth day of his illness.

Prodromata, eyes burning, yawning, stretching, *no thirst*.

Chill.—No chill.

Heat.—Severe; *no thirst*; heat of palms of hands and soles of feet, with a desire to place them on a cold surface; about two hours.

Sweat.—Slight; *no thirst*; thirst after sweat.

Apyrexia.—Complete.

Bowels stopped since yesterday, and before this the stools were soft with bad smell; nausea; spitting during fever; urine red, with no burning in passing; bad smell of mouth; appetite dull; sleepless nights, during remission; tongue moist; anterior clean, posterior slightly coated yellowish; taste in mouth insipid; slight enlargement of spleen, with pain on percussion on epigastrium.

Had exposure to wetting in rain water while driving a cart day before yesterday for about six hours; exposure to night air night before last for whole night.

(Morning fever without chill, from 6 to 10 A. M., *Rhus tox.*—Dr. Allen.)

(Thirst after sweat, *Rhus tox.* — Bœnninghausen.)

Thus *Rhus tox.* was prescribed for him, and was given three doses, daily one dose, from the 7th to the 9th inst., three doses in all, and he recovered.

I can add many more cases of intermittent fever treated with *Rhus tox.*, but that would add nothing new to our present purpose. By the above two cases of intermittent fever we can learn that no two cases of any disease cured by any homœopathic remedy may have characteristic or guiding symptoms alike.

Rhus tox. in the treatment of rheumatism is so common among us that it would be almost superfluous by filling up the pages of so valuable a journal as the HOMŒOPATHIC RECORDER for nothing if I put down here one or two cases of rheumatism cured with *Rhus tox.*, so I leave it off.

General Remarks.

General remarks on the cases above. In the first case the indented tongue, besides others, indicated *Rhus tox.* As far as I know, no authority mentions *Rhus tox.* to be a medicine of leprosy. However it was a happy selection.

What made me select *Rhus tox.* in the treatment of the second case (cholera)? Exposure to rain water and excessive bodily labor. There were restlessness, much thirst, and stools bloody and with mucous flakes.

In treating the third case I was compelled to use *Rhus tox.*, as the patient had some exposure to rain water before the commencement of the illness, and he used to sleep on a damp ground. There were other symptoms in the disease itself that indicated *Rhus tox.*

The fourth] case, as you have already seen in the lines above, is a well marked case of conjunctivitis neonatorum, and conjunctivitis neonatorum has a very excellent remedy in *Rhus tox.*, which Dr. A. B. Norton has so perfectly shown in his work. Note here, the mother was medicated for the child, and it derived benefit out of that, and that I almost always administered medicine to the nursing mother for the treatment of her nursling at the breast.

In describing the fifth case, my reader will see that *Rhus tox.* has a very good action in sore throat. But whenever I had to treat a case of sore throat with *Rhus tox.* the patient had somehow or other been exposed to water. In our present case the exposure

was internal, while hot after physical exercise. In this case the medicine proved highly efficacious.

The sixth and seventh cases of the series are cases of intermittent fever cured with the aid of *Rhus tox.* In treating the sixth case the *italic* symptoms of the tongue made me select the medicine which proved curative. In this case (sixth case) there was exposure to water. The patient of the seventh (last) case had wetting before he got fever. The symptoms shown above from Drs. Allen and Bœnninghausen also indicated the remedy.

Thus I have given you some cases from my practice to show that *Rhus tox.* has a very good action in the following diseases:

- I. Some diseases of the skin.
- II. Some diseases of the alimentary canal.
- III. Some diseases of the urinary tract.
- IF. Some diseases of the eye.
- V. Some diseases of the throat.
- VI and VII. Intermittent fever.

The above are a few of the many and diverse actions of *Rhus tox.*, which a homœopath may take advantage of. If we study our Materia Medica properly and thoroughly we are sure to cure diseases more numerous in names and characters than our authors usually give.

In the closing paragraph I wish to let you know that I have not used any other dilution of *Rhus tox.* than the 6th. I use always one globule as a dose, and *Rhus tox.* met no exception to the general rule. For this one globule dose I have yet to see sad failures.

Satkhirā P. O., Calcutta, India.

DIABETES INSIPIDUS AND LYCOPodium.

By Dr. Berlin.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1901.

1. During May of last year M. L., from S., consulted me for hoarseness and a cough attended with whitish, rather watery, expectoration. The fauces were deep red and covered with mucus, and this was accompanied with a constant sensation of dryness and soreness. It was, therefore, a catarrh of the fauces and larynx. The patient had gargled with lemon-water, and put compresses around his throat at night; he had given up smoking and drink-

ing spirits and beer; nevertheless the ailment had continued unchanged for two weeks.

I directed him to gargle with salt-water, putting a piece of salt as large as a coffee-bean into a tumblerful of water, so that the water only tasted slightly of salt. I allowed him to continue the compresses around his neck, forbade the use of spirits and beer, as also of all sharp food, as also of very cold or very hot dishes, and gave him internally *Ammonium brom.* 2, every three hours, three drops in a teaspoonful of water. On June 1st the patient informed me that the hoarseness had been removed in four days, and that the other ailments had disappeared very gradually, though his throat was not yet quite in order; as he was still somewhat hoarse after long continued speaking. I repeated the same remedy in the third potency, five drops every three hours.

2. After about two weeks the same patient returned and complained that for several months he had been very thirsty, drinking six to eight quarts in twenty-four hours, discharging a corresponding quantity of urine. He felt dreadfully weary and wretched. There were no other ailments. His appetite was very good, so that he could satisfy it as little as his thirst. In the last months the had also become very much emaciated. My suspicion of mellituria was not confirmed by an examination of the urine, for it was free from sugar. It was quite pale, almost like water, and with a very slight specific gravity, namely, 1.004; nor was there any sign of albumen. The patient did not look so very bad. It was evidently a case of *diabetes insipidus* as distinguished from *diabetes mellitus*. But little is known as to the cause of diabetes insipidus. Mental emotions, concussion of the brain and syphilis are given as the leading causes. But I could not discover any such cause in the patient. There is also very little known as to the exact nature of this disease. It is supposed that it is due to a disturbance in the secretive function of the kidneys, particularly a disturbance of the nerves in the central nervous system which regulate this secretion. Prof. Struempell says of it:

“The issue and, in consequence, also the prognosis of the disease are mostly unfavorable. It is cured but rarely. Its course is mostly very much drawn out and the disease may last for years, and even tens of years.”

It is especially this unfavorable prognosis made by allopathy which causes me to publish this case. At a meeting of the Medical Society in Breslau, in the year 1894, Medical Counselor, Dr.

Schweickert, had highly recommended *Lycopodium* in high potency, and I accordingly used it at that time very successfully in a case, the record of which I cannot now find. So I gave my patient, the second case of *diabetes insipidus* coming under my observation, *Lycopodium* 30, three drops morning and evening, directing him to call again after he had used up the medicine. As to diet, advised him to resist his thirst as much as possible, and always to drink only a sip at a time, and to avoid all sharply spiced food entirely, as this would increase his thirst. Else he might continue to live as before.

The patient did not call again, which I, of course, took as an unfavorable sign, as showing that the medicine had not acted, and that the patient had gone elsewhere. But this was not so, for a few months later a peasant called on me saying that he had sought for relief from a number of doctors, and now also wished to try Homœopathy because he had heard from Mr. L. that I had helped him so quickly in his urinary treatment after he had tried all the doctors. That patient had not mentioned that fact to me. On questioning the peasant more closely he reported that the great thirst and excessive micturition had diminished after the third day, and that he now felt all right. This the patient had told him. These facts were also confirmed to me later on by the recovered patient himself when I accidentally met him.

SEQUELÆ OF DIPHTHERIA.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1901.

Diphtheria is one of the most insidious diseases. Sometimes there is a complication with croup (as is well known, a great number of children succumb to diphtheretic croup, and its prognosis is always dubious); then, again, there is paralysis of the heart, setting in occasionally very unexpectedly, especially where the nutrition had been deficient owing to its painfulness; then, again, we are frightened by intensive affections of the nose or by paralyzes or semi-paralyzes, most frequently in the region of the palate or of the eye, where a paralysis of the muscle of accommodation frequently leads to double vision, making reading difficult; then, again, there is paralysis of the intestines with per-

sistent constipation. Frequently, though not always, these sequelæ are caused by the negligence of the patient, by leaving his bed too soon, by a fresh cold, by suppression of the perspiration, which is absolutely necessary in the first stage of the disease, or by not waiting for such perspiration.

At this time I wish to report the course of a case of diphtheria which was quite unusual. Miss B., about thirty years of age, had diphtheria, but no doctor was consulted for several days, until I was called on October 27th. To my surprise I did not find the patient in bed, but she complained of pains in the left side of the throat, and one of the tonsils was very much swollen, but nothing could any more be seen of the exudation. In swallowing the tongue was painful and was coated with mucus. I thought that there was an incipient suppuration of the tonsil, as I could not find anything else, and such abscesses are not unfrequently seen after diphtheria. There could be no doubt as to the diagnosis of previous diphtheritic exudation. I prescribed *Apis*.

This had not only no effect at all, but such severe symptoms followed that for several days it seemed as if there were all the signs of incipient typhoid fever. My first call had been on Friday; on Sunday the mother of the patient reported no improvement at all. I gave her *Belladonna* and *Mercurius sol.*, to be given in alternation, as I still supposed that the high fever and the pains in the throat were due to an abscess. The patient, of course, was now confined to her bed, sleepless, with a full, soft and very frequent pulse, and could only take milk and cacao. Thus I found her on Monday. On taking *Rhus* she had two hours' sleep, but then again great restlessness and asthenia as if she would die. On Tuesday there appeared, indeed, a yellow spot on the tonsil and I predicted that it would open during the night, and also gave her *Silicea*, but it effected nothing. This circumstance and the unchanging nature of the swelling of the tonsil, which diminished in size instead of "ripening;" then the insomnia, the constipation, lasting several days; the slight delirium, the increasing burning heat, with insignificant perspiration, but especially the constant headache, of which she now chiefly complained, seemed to make sure the development of typhoid fever. To these symptoms was added bleeding from the nose, like a hæmorrhage. *Acid nitric* was of no avail. It seemed to be a disease which would not brook any restraint in its course. The only thing lacking for a full picture of typhoid fever were pains in ileocæcal

region. The excessive bleeding of the nose was of itself suspicious. I have seen it occur in typhoid fever, causing the loss of an incredible quantity of blood and preceded by the same full and soft pulse (which used to be called "large" and frequent), attended with the same feeling of breaking down, asthenia and occipital headache with insomnia. Nevertheless, it seemed as if this bleeding of the nose cut short the attack or at least had a more favorable effect. It proved so in this case. After the disease had reached its highest point, on Wednesday, the symptoms decreased and the cool adhesions that I had recommended for the evening became unnecessary; only cool compresses to relieve the headache had been applied occasionally. A lengthy, refreshing sleep set in, which was at first yet disturbed by the fear of a return of the epistaxis; the throat symptoms then disappeared, but the impulse to coughing remained, and on looking into the mouth the left tonsil still seemed considerably larger than the right. But the patient declared that even in good health the left tonsil had always been larger than the right. *Kali carb.* did not fail in its quieting effect. But it had not been able to still the bleeding any more than the *Acid nitric*. I was therefore obliged to take recourse to a remedy which is known to always check nose-bleeding, namely, *Acidum halleri*, of which it is best to give the full dose, *i. e.*, 15 drops at a time in sugar-water. From that time and properly *propter hoc* there was no return of the epistaxis. Beneficent and even critical as such bleeding from the nose may be in certain circumstances, nevertheless, with a weakened patient, as in this case, even a little *too much* might prove fatal.

There is a possibility that the homœopathic remedies, even though properly selected, refused to act and recoiled owing to the intense vapors of *Carbolic acid* prevailing in the room. The father of the patient had been unsparing in the use of this remedy from the beginning of the disease, which had been at once recognized as diphtheria. The atmosphere reminded one, therefore, of the odor which one meets even before entering an allopathic hospital.

Since Sunday the patient has been out of bed and sleep and appetite have returned, but the pulse in its extreme weakness still testifies to the severe days and nights she passed through. With the first fine day she will be allowed to go out. Small doses of *Chinin. mur.* (a knife's point full of the first centesimal trituration in a wineglassful of water, every two hours a teaspoonful) are used to complete the cure.

A SILICEA CURE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1901.

Mrs. E., from S., seventy-five years of age, came to me on December 4th with an introduction from a fellow-townswoman. Her hand was tied up, and when she took off the bandage the palm of her hand, *i. e.*, the ring-finger in various places and where it joins the palm and the palm of the hand itself, between the middle finger and the ring-finger, appeared in a very sad state. The places were open and suppurating, the suppuration in parts reaching way in, and the arm and hand were much swollen. The lack of pain in the hand was somewhat reassuring, but on the whole it was manifest that the lesion had been grossly neglected. I call it a lesion because the beginning and origin of the disease was said to be due to a traumatic cause. Mrs. E. had, six weeks before, stirred prune-butter continuously for half an hour, and from this the suppuration had developed, which looked so threatening that I had half a mind to advise her to seek the care of the doctor of her town, quite a distance from here.

But her urgent request caused me to at least make an effort with our homœopathic remedies. The lady who had sent the patient to me had written: "I know myself and have heard from others that you, dear doctor, only treat carefully and conscientiously." Should I then give up this case in despair? My self-respect would not permit this. She had also added in her letter: "When the woman showed me her finger I was afraid gangrene might set in." Thus the case had looked desperate even to a layman (or lay-woman).

My first thought was of *Silicea*. The patient received three powders with sugar of milk, each one containing four drops of *Silicea* 12, to be dissolved in fifty grammes of water, two teaspoonfuls to be taken morning and evening. Then after using the three powders (to ward off cancer) I gave her *Aurum*. But without doubt the result is to be described as a brilliant *Silicea* cure, for it grew better rapidly.

On the 16th of December, thus two weeks later, as had been agreed upon, Mrs. T. replied for the patient: "The prescription

has turned out well. The finger, which had been so sorely neglected, is healing up nicely. The lower hole in the finger nearest to the palm has already healed up. The upper one also is healing nicely. Only now and then a little matter appears, about the size of a pin's head. Now, dear doctor, the woman is full of thankfulness that through you her finger is getting well again. I have tied her hand up daily, as no one else would take care of her."

Such observations show how unjust it would be to be ready to give up hope, and to deprive people of comfort and of their confidence in the powers of Homœopathy.

Surely this is not the first time that *Silicea* has effected such wonders. We need only consult the abundant records of *Silicea* cures.

It seems incomprehensible that any one in such a case should be so long before consulting a physician, and that they should not see that allowing such a case to run on unattended must make the matter continually worse. I think it comes from fear of the operating-knife. And in this there is a certain amount of justification, for the love of cutting has grown inordinately, especially with the younger generation. Private surgical clinics grow up like mushrooms in the great cities, and, strange to say, they are usually well patronized. So, common people get to believe, though it may only be a prejudice, that nowadays even cases that would formerly not have been operated now always call for the surgeon's knife.

We need not to deny or ignore all that modern surgery offers us. Among the great gains I count rational bandages. So I considered it a great mistake that Mrs. E. for six weeks exposed the suppurating parts to the air without any covering, for the dry air could hardly be free of bacilli; still the evil consequences which every modern physician and surgeon would have predicted in such a case had not occurred. Mrs. E., under my direction, covered the open parts with aseptic cotton on which had been spread some borax ointment. Otherwise no external medications were used, only the internal remedy. Probably a piece of cotton with tallow or with olive oil would have served as well to exclude the air and to keep the sores clean.

BIOCHEMIC REMIDIES IN VETERINARY PRACTICE.

By Dr. Meinert.

I. While bringing in his grain from the field a peasant spurred up a somewhat phlegmatic horse by touching it on the hind quarter with the prong of a pitch-fork. This rather stupid action was not appreciated by the horse, who made a heavy kick backward. But as the peasant could not withdraw his pitch-fork quickly enough, the kick was delivered directly against the prong of the pitch-fork, which thus penetrated pretty deeply into the pastern near the joint. As it did not immediately develop any lameness, the animal was worked for two hours more. But when the horse was taken to the stable a severe lameness developed with the most violent pains. It would lie down and rise again, refusing to feed or to drink. In this condition I found the horse. The perforation on the pastern was dry and hardly perceptible, but the parts around the pastern joint were very painful and hot. Since blood-poisoning was to be apprehended, I prescribed internally and externally *Natrum phosphor.* 6 D. When I called next day there was a manifest improvement. The horse came out of the stable easily without any driving, which it would not do the evening before. In four days it could be harnessed again. *Natrum phosphor.*, according to my experience, is very useful in the incipency of blood-poisoning. Further observations in this direction are very desirable.

II. In the hot days of July a peasant with a horse quite lame came to my house. The left foreleg, which was only dragged along, had a severe swelling on the left shoulder, extending to the anterior knee joint. The swelling was hot and painful; there was absolutely no external lesion of the skin to be seen. The peasant remarked that three days before the horse had suddenly become lame, and at the same time he also had observed the swelling; he did everything a certain quack advised him, but it did no good; on the contrary, the state of the animal grew worse; he was now afraid that the issue would be unfavorable. In view of the peculiar nature of the swelling, I thought I could assume that the ailment in this case was caused by the sting of a venomous insect, and therefore prescribed *Natrum mur.* 6, both internally

and externally. When I met the owner of the horse some time later, he told me that the lameness had completely disappeared five days after beginning to take the medicine; the next day after starting the biochemical treatment the horse began to improve.—
From "Mittheilungen über Biochemie," 1901, No. 10.

ARSENICUM JODATUM IN LUPUS.

Translated from an article by Dr. H. Moeser, Stuttgart, in *Hom. Monatshefte*, Nov., 1901.

In lupus some homœopathic physicians apply their remedies, *e. g.*, *Thuja*, *Hydrastis*, etc., both externally and internally. I have had my best successes from *Arsenicum jodat.* 2 or 3 trituration or dilution. In one case the action of this remedy was really astonishing.

A little girl of nine years, daughter of a poor laborer, living in want, had a face dreadfully disfigured by *lupus*. The nose was partially eroded. The general health was much reduced owing to her impoverished domestic surroundings. These could not be improved so long as the girl could not be removed elsewhere. She received internally *Arsenic jod.* 3 and 2 dilution, and these checked the disease; the sore spots formed cicatrices so rapidly that she could be dismissed as cured in four months. I saw the girl four years later and could thus establish the fact that there had been no relapse. There was no external application used except Kneipp's vapor baths for the head. There was, indeed, a general treatment through baths and wrapping in wet sheets, but in accordance with my other experiences of *Arsen. jod.*, I would claim for it the chief part in the cure. Of course the child remained disfigured even after the cure, for the parents had not the means for securing an artificial nose for the one partially eroded.

The treatment of lupus is always one requiring a good deal of patience, and we may generally count on one year to a year and a half for a successful cure, unless we are satisfied with a temporary success.

At present the treatment of lupus with hot air and light is receiving much attention. In the institute of Prof. Finsen, in Copenhagen, hundreds of persons sick with lupus are being successfully treated by irradiation with electric light. But also such

a treatment requires much time, and is rendered expensive through the high-priced apparatus, and it is not suitable for domestic treatment. Sunlight thrown upon the affected parts with lenses I have used with success, but I would not in such a cases do without the suitable homœopathic remedies.

TUBERCULINUM.

Translated from the "Proceedings of the Swiss and South German Homœopathic Physicians at Schaffhausen," *Hom. Monatsh.*, November, 1901.

The members gave their experience in the treatment of tuberculosis, and especially as to *Tuberculinum*. According to the views of the physicians present, tuberculosis is seldom cured by *Tuberculinum* alone, but this remedy must be given in alternation with other homœopathic medicines indicated (*Arsen. jod.*, *Phosphor.* 30, *Kali jodat.*, *Thuja* 200, *Silicea* 200, *Calcar. sulph.* 6, etc.). Others recommended first a dose of *Tuberculinum*, then, after noting the ensuing symptoms, the selection of the appropriate homœopathic remedy. The general opinion was that *Tuberculinum* should only be given in high and the highest potencies (30, 100, 500, 1000 and 1500 Cent.). The physicians had used various preparations of *Tuberculinum* by Drs. Koch, Schwarz, Nebel, and by Heath, as also the *Pulmonium* by Dr. Mattes. Most of the physicians gave it in a single dose, waiting two, four and even twelve weeks before giving another dose of *Tuberculinum*, or some other appropriate homœopathic remedy. Also in certain eczemas and in rheumatism, especially where there is tuberculosis in the family, *Tuberculinum* was reported to have been used to advantage.

SOME NOT GENERALLY KNOWN FACTS.

Editor of HOMŒOPATHIC RECORDER.

Apropos of D. Guernsey's bunch of letters published in the December RECORDER the following admitted *facts* to be found in the report of the Royal Commission on vaccination may not be without interest:

Inoculation was introduced by Lady Mary Montague in 1721. It consists of artificially contracting small-pox. Many inoculated cases were mild, but some proved fatal.

There were those who opposed the practice, or anti-inoculationists, and the Royal College of Physicians, of London saw fit to declare that, "The College, having been informed that false reports concerning the success of inoculation in England, have been published in foreign countries, think proper to declare their sentiments in the following manner, viz.: That the arguments which at the commencement of this practice were urged against it have been refuted by experience; that it is now held by the English in greater esteem, and practised among them more extensively than ever it was before; and that the College thinks it to be highly salutary to the human race."

It was during the practice of inoculation that the disease was most prevalent and fatal, when "nearly every one had the disease." With the decline of inoculating small-pox the disease declined. During the period of 1771-'80, when inoculation was very generally practiced, small-pox reached the highest point, 502 deaths to the 100,000 inhabitants. From this point the disease has steadily declined.

The infectious nature of the disease, revealed by inoculation, was a surprise, and the practice was accused of spreading the disease. It was found by Haggarth, in 1793, that the death rate from small-pox in Kent and Sussex, where the people refused to be inoculated, was about 1 to the 20,000 of population, and he writes of this "wonderful exemption."

In 1801 Dr. Haberdon writes: "But, however beneficial inoculation prove to individuals, or, indeed, to the nation at large, the bills of mortality incontestibly show that in London more persons have died of the smallpox since the introduction of that practice." The "poor," and those who refused to be inoculated, and those, writes the doctor, whose "prejudices are strong and not easily overcome by reason," are partly responsible, and he intimates that to be effective inoculation should be made universal.

Jenner's original paper on vaccination, states that it is based on 25 years' inquiry, and the observations cover 4 persons inoculated with cow-pox voluntarily, 3 cases of infection by horse grease, and 10 from the cow, accidentally.

In 1799 Dr. Beddoes wrote to Hüfeland's Journal: "You know Dr. Jenner's experiments with the cow-pox. His idea of the origin of the virus appears to be quite undemonstrable, and the facts I have collected are not favorable to his opinion that the cow-pox gives complete immunity from the natural infection of

small-pox; moreover, the cow-pox matter produces foul ulcers, and in that respect is a worse disease than the mildly inoculated small pox."

In 1763 small-pox was unusually severe in Paris. The medical authorities there said it was due to the practice of inoculation recently introduced from in England, and a decree was issued prohibiting the practice.

Inoculation was never practiced in Spain, and no country in Europe has suffered less from small-pox.

In 1796 the Prussian College of Physicians announced that the only method of extirpating small-pox was by separating the infected from those that are sound, and "it will not be necessary then to attempt to disarm one disease of its powers by the introduction of another, the consequences of which cannot be fully known for a series of years to come."

We cannot find any mention of the Royal College ever retracting its assertion that "inoculation is highly salutary to the human race."

Px.

OBITUARY.

Died.—DR. J. W. A. HETRICK, on October 9, at Asbury Park, N. J.

He was a pioneer of Homœopathy in that section, and leaves a wife and two sons, one of them practicing in Asbury Park, N. J., and the other in Red Bank, N. J.

FRANCIS EDMUND BOERICKE, another who may be truly termed "a pioneer of Homœopathy," has been called by the Grand Master of all, and has responded. Francis Edmund Boericke, departed this life on December 17th, a few minutes past noon, after a long and lingering illness. Dr. Boericke was born in 1826 in Saxony, of that race which forms one of the elements in the great Anglo-Saxon people, and which is the best colonizing material the world affords; a race of which Dr. Boericke was a true type, loving the fatherland, its tongue, its songs and its customs, yet loyal to their adopted country to their heart's core. Not long after his arrival in this country he, on the advice and at the request of Dr. Constantine Hering, entered into the business of homœopathic pharmacist, and around his little estab-

lishment were gathered, at various periods, many of the men who made Homœopathy what it is, and fought its early battles—Hering, Lippe, Dunham, Guernsey, Farrington, Williamson, Raue and a host of other honored names. It was in those days, and in such company that the policy of the firm of Boericke & Tafel was shaped, from which there has been no departure. Those men *believed* in Homœopathy, and its medicines could not be prepared with too great care to suit their ideas. Associated with Dr. Boericke in the beginning was Rudolph Tafel, who soon retired, however, to follow a professional life; later, in 1869, the late Mr. A. J. Tafel was associated with the business, and continued an active partner until his death, in 1895. Previous to Mr. Tafel's death, however, the disease which, after fifteen years, proved fatal, Dr. Boericke had retired from active business, and for the past seven years it has been ably conducted on the old lines by the sons of Dr. Boericke and Mr. A. J. Tafel, namely, by Dr. F. A. Boericke and Mr. Adolph L. Tafel, both of whom were trained in the business by their fathers.

Dr. Boericke's illness was an illustration of the limitations of medicine, for during the fifteen years of suffering every recognized form of treatment was employed, but with no effect in checking the slow but sure progress of the malady. It was of spinal origin, is about all that the brightest men in the profession could say.

There is one special feature in Dr. Boericke's career that deserves to be especially emphasized, namely, the part he played in the development of homœopathic literature. It takes two to produce, in the broad sense, literature, the author and a publisher, the second and, of course, minor part, but vitally important. Dr. Boericke ably maintained, and in his long and honorable career it is safe to say that he never failed to do his part with the authors with whom he, like all great publishers, ever remained in the most amicable relations. Much more might be said of the man who played so important a part in the early development of Homœopathy, but let the foregoing suffice. He was an upright, honorable man in his career, and has gone to his reward in a higher and better world—a world in which he most firmly believed, not a vague, shadowy world, but a real one, in which man enjoys all his faculties in a higher degree than in this probationary existence, one where he meets those who have gone before, and welcomes the loved ones who will follow, when their time has come and they respond to the call that sooner or later comes to us all.

THE HOMŒOPATHIC PHARMACOPŒIA.

Editor of the HOMŒOPATHIC RECORDER.

Zeitschrift für Homœopathische Pharmacie, edited by Dr. Wilmar Schwabe, with the co-operation of experts, is the name of a pharmaceutical paper published in Leipzig, which has for an object the investigation of homœopathic preparations made according to the various methods now in use. In principle it backs up the Hahnemannian method of manufacturing tinctures which is used for a basis in the *Pharmacopœia Homœopathica Polyglotta* and the *American Homœopathic Pharmacopœia*. The journal enters into the subject very thoroughly, giving original researches and special tests for all homœopathic tinctures. Our tinctures being very different from those used by the Old School, the importance of the use performed by this journal may be readily seen.

MEDICUS.

BOOK NOTICES.

The Homœopathic Pharmacopœia of the United States.

Second edition. 674 pages. Cloth, \$3.25; by mail, \$3.50.

Half morocco, \$4.00; by mail, \$4.25. Boston. Otis Clapp & Son. 1901.

Aside from changing the name of the work there has been no important alterations in it. For all practical purposes the first edition would answer as well as the second. The limit of potencies, or "divisibility of soluble medical substances," is still "more than approximately placed at somewhat below the 12th centesimal." This is said at the behest of "modern science," even while modern science has proved the increased activity of many substances at far, far beyond that limit. The student of medicine can see what this means to those who view Homœopathy historically. What a host of honored names it practically condemns. In effect it says that every case reported in the past, or to be reported in the future, as cured with any drug above the 12th is purely imagination on the part of the doctor reporting it. This, in our opinion, is not only a scientific error of the grossest sort, but also the worst kind of a mistake in policy for

the welfare of Homœopathy and its colleges. However, we have no intention of re-opening the old controversy, and so shall let the matter rest.

A Text-Book of the Practice of Medicine. By A. C. Cowperthwaite, M. D. Including a section on Nervous Diseases by N. B. Delamater, M. D. 1039 pages. Chicago. Halsey Brothers Co. 1901.

This book is dedicated "to the memory of the 'old guard' of the American Institute of Homœopathy who have passed away; whose forms and faces we remember, whose memories we cherish, whose labors for the truth have reared for them an imperishable monument, this volume is lovingly dedicated by the author." This, in a manner, foreshadows the character of the work. Soundly homœopathic, which indeed it proves to be on further examination, rather more space than is usual in works on practice is devoted to therapeutics, which will be acceptable to many. In all respects it is a most excellent work, a credit to the author and to Homœopathy.

The Four Epochs of Woman's Life. A Study in Hygiene. By Anna M. Galbraith, M. D., author of "Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, etc. With an introductory note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 200 pages. Philadelphia and London: W. B. Saunders & Co. 1901. Cloth, \$1.25, *net*.

Women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern their physical being, and to feel keenly the necessity for instruction in the fundamental principles which underlie the epochs of their lives. This is pre-eminently the day of preventive medicine. The physician who can prevent the origin of disease is a greater benefactor than he who can lessen the mortality or suffering after the disease has occurred. Any contribution, therefore, to the physical, and hence to the mental, perfection of woman should be welcomed alike by her own sex, by the thoughtful citizen, by the political economist, and by the hygienist. In this instructive work are stated, in a modest, pleasing and conclusive manner,

those truths of which every woman should have a thorough knowledge. Written as it is for the laity, the subject is discussed in clear, comprehensible language, readily grasped even by those most unfamiliar with medical subjects.

Saunders' Question Compend. Essentials of Physiology.

Prepared especially for students of medicine; and arranged with questions following each chapter. By Sidney P. Budgett, M. D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo. volume of 233 pages, finely illustrated with many full-page half-tones. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, \$1.00 net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question Compend. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page half-tones, and have been selected with especial thought of the student's needs. In every way the work is all that could be desired as a student's aid.

Studies in the Psychology of Sex. Sexual Inversion. By

Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8 $\frac{5}{8}$ x 5 $\frac{3}{4}$ inches. Extra cloth, \$2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers and scientists. Philadelphia, Pa.: F. A. Davis Co., publishers, 1914-16 Cherry street.

This is a second edition of the work that the Recorder of London suppressed and which is sold only to the professions in this country. Reading it certainly opens our eyes to the vast number and varied cases of "sexual inversion."

Homœopathic Recorder.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

EDITORIAL BREVITIES.

THE TUBERCULIN TEST.—Mr. E. A. Pease, M. P., at a meeting of the Cleveland Chamber of Agriculture, England, said that he had had as healthy and fine a herd of cattle as could be found until they were subjected to the "tuberculin test." Since then they have fallen off in all respects, and deteriorated so much that he is advised to kill them.

CAUSE OF TETANUS.—Several learned editors have decided that the cause of the numerous cases of tetanus following vaccinations in all parts of the country was the patients' fault in not properly taking care of themselves. Why is it that more germs will not avail themselves of the tens of thousands daily skinned hands and knees of the sportive kids, and always await entry at the vaccination "wound?"

"IMPERIOUS" MEDICINE.—"We are terribly afraid of allowing tubercle bacilli an entrance to the stomach in this manner, and yet I have not the slightest doubt that all of us individually inspire and swallow hundreds if not thousands of them in the course of a few days' ordinary existence. The Klebs-Loeffler bacilli found in the fauces of patients as long as 100 days after recovery from an attack of diphtheria—found, too, in the throats of medical men, students and nurses in fever hospitals—offer a subject for much discussion and deep thought, with great difficulty in the way of harmonizing the imperious dictates of modern science, as based on our present hypotheses, with the experiences of practical medicine."—*F. J. Smith, M. A., M. D., etc., etc., in London Lancet.*

GOING INTO POLITICS.—A Boston subscriber writes: "The feeling concerning vaccination is intense, and increasing in bitterness, and will, no doubt, be forced before the Legislature within a few weeks."

THAT DECEMBER NUMBER.—Many complimentary words have come in about the December number of the HOMŒOPATHIC RECORDER; that of all the journals it was the leader in general interest. These letters are appreciated by both editor and publisher.

TETANUS.—Some text-books say that tetanus is a nervous disease, and may be caused by an injury in which the skin is not even broken. Who ever saw such a case?

NOT CATCHING.—"It may be well to ask what Koch means by the statement that 'tuberculosis is not inherited?' If he means that children of consumptive parents are not born with tubercles already formed, he is right. They are not so born; neither are they born with whiskers. But they are born with the potency of both whiskers and tubercles."—*W. J. Hawkes, M. D.*

THERE IS NO OTHER LAW.—"It is still to Homœopathy that we must look for a rational use of the drugs which beneficent nature provides, and it is to her colleges that we must look for a satisfactory exposition of the laws that govern drug action."—*Dr. Geo. T. Shears.*

A NEW BOOK CATALOGUE.—Messrs. Boericke & Tafel have published a new book catalogue, to be had for the asking, carrying all their books down to date.

GLYCERINATED LYMPH.—Dr. J. F. Runyon (*Memphis Medical Monthly*) contends that persons vaccinated with glycerinated lymph are not protected from small-pox, and also the lymph causes much worse sores than the points. Dr. Runyon believes in vaccination, but not with glycerinated lymph.

CANCER CURE BY VIOLETS.—A subscriber wants to know all there is of value about the cancer cure by violets. We fear it is only a fairy tale by the newspapers. Medical journals mention it only to question it. However, if anyone knows anything about the pretty sounding cure please write it out for the RECORDER.

"THE AMERICAN PHYSICIAN."—Dr. Frank Kraft's *American Homœopathist* has evolved from a bi-weekly to a monthly and shed the old name, assuming that which heads this note.

“VESICARIA COMMUNIS.”—The St. Louis breed of this “drug” is said to be “mother tincture imported from Germany,” but not a German pharmacist or botanist ever heard of it. And now comes an Alabama “Drug Co.” that has discovered “vesicaria communis” down that way. And the benighted botanists say there is no such plant.

PHASEOLUS NANA.—“While I was at Richfield Springs in attendance upon the American Institute meeting this past summer, I had a front-porch talk with the sage of Springfield, Mass., Dr. A. M. Cushing, the father of a number of new remedies, chief among which are *Mullein Oil* and *Rhatanhia*. I was reciting to him the difficulty I had had with certain forms of heart troubles; that in most of my cases I had had some form of relief from the English hawthorne—*Cratægus oxycantha*—but the one case that troubled me most was of an elderly gentleman, who had been a steamboat captain, a great over-user of tobacco in every form, but mainly in chewing, and who had had rheumatism and gone to a sanitarium at Mt. Clemens with some relief, but that, latterly, since I had him in tow, his heart was giving him many a bad quarter of an hour. Dr. Cushing said instantly: ‘I will give you a graft of my *Phaseolus nana*, and if that doesn’t help him I’m very much mistaken.’ Any port in a storm, I thought, and accepted the 25th in small pellets. When I returned home the captain had had several smothering spells, and was once given up for lost. I hurried to his side, prepared the wonderful remedy—and, to my astonishment, in a few hours the patient was about with great comfort and declaring that he could lie on either side now—like the expert attorney. What is *Phaseolus nana*? Dr. Cushing had made a proving of the common white bean. In his trial upon himself he nearly suffocated, and his heart gave him all forms of anxiety. And those were the so’c symptoms upon which I gave them to my captain—‘trouble about the heart.’” —*Dr. Frank Kraft, Cleveland, O.*

LINES IN A COPY OF “THE PORCELAIN PAINTER’S SON.”

No; not for its paper and type, O Friend,
 (Fond lover of such as thou art)
 Cometh the daving so rash as to send
 A plea from the heart.
 For one who is long in his grave, O Friend,
 And mocked by the many in power,
 But knowing *who* truth will forever defend,
 Abideth the hour.

PERSONALS.

Dr. C. W. Baird has removed to Lawton, O. T.

A woman was recently operated on for tumor, so the story goes, but it proved to be baby.

No, Mary, the earth does not move because it can't pay its rent. Don't be so foolish!

"It is absurd to say that the predisposition to tuberculosis is not inherited."—W. J. Hawkes, M. D.

Wanted: A young homœopathic physician as an assistant, who understands surgery and obstetrics. Address, Dr. Edwin H. Coon, De Ruyter, N. Y.

"Dr. Lawrence's — book will meet with the approval of all the practical men."—*The Clinique*.

Hoodlumism is useful energy gone to seed, says Elbert Hubbard of *The Philistine*.

There is an opening for a *homœopathic* physician, and for particulars address, P. P. Spencer, Bridgton, Barbadoes.

Married: January 1, 1902, Dr. George W. Hursh and Kate Gertrude Weldy. At home, January 15th, at Columbia, S. C.

Imitation is sincere flattery, but bad business policy on part of firms—the labels may look alike, but—the contents!

Some doctor says that lunatics laugh twice as much as the sane. Perhaps, as the Africans believe, they see more than the everyday man.

A fine opening for a homœopathic physician in a New Jersey town of 7000, near Philadelphia. Address, H. M. G., 315 North Monroe Street, Media, Pa.

Each decade thinks it is the hot stuff.

The old boy said Joan of Arc was made of Orleans.

The second edition of Nash's *Leaders in Homœopathic Therapeutics* is printed. About forty pages larger than the first.

No, Mary, a poetical license will not do in Philadelphia; it takes \$1,000 and "a pull."

Saranac Lake, Adirondack Mountains, N. Y. "The RECORDER grows better every year, and is the best journal I take."—Dr. J. H. Hallock.

"I am much pleased with the book, *Practical Medicine*, by Dr. Lawrence."—St. Claire Smith, M. D., New York City.

A fat advertisement covers a multitude of sins.

If you would be cheerful use olive oil.

If you want the best homœopathic journal subscribe for the HOMŒOPATHIC RECORDER.

FOR SALE. A fine house and good practice. Present physician having to go south on account of his health. House will make a fine sanitarium. Address, D. F. Shipley, Westminster, Md.

THE HOMŒOPATHIC RECORDER.

VOL. XVII LANCASTER, PA., FEBRUARY, 1902

No. 2

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Twentieth Annual Session.
(Year 1867.)

The Twentieth Session of the American Institute of Homœopathy was held on June 4, 5, 6 and 7, 1867, in the Gallery of Fine Arts, at the corner of Fourteenth Street and Fifth Avenue, New York. The meeting was called to order by George E. Belcher, M. D., of New York, President of the County Society. John F. Gray, M. D., of New York, was elected Chairman. Henry D. Paine, M. D., Chairman of the Committee of Arrangements, reported that his committee suggested that it would be greatly to the advantage of the Institute to appoint a nominating committee to consist of one member from each State represented. After due consideration the suggestion was accepted and the committee elected on open nomination, as follows:

W. E. Payne, M. D., Maine; A. Morrill, M. D., New Hampshire; G. E. E. Sparhawk, M. D., Vermont; I. T. Talbot, M. D., Massachusetts; C. F. Manchester, M. D., Rhode Island; W. W. Rodman, M. D., Connecticut; P. P. Wells, M. D., New York; J. J. Youlin, M. D., New Jersey; D. W. Thomas, M. D., Delaware; Walter Williamson, M. D., Pennsylvania; F. R. McManus, M. D., Maryland; T. S. Verdi, M. D., District of Columbia; W. Webster, M. D., Ohio; O. P. Baer, M. D., Indiana; N. F. Cooke, M. D., Illinois; E. A. Dodge, M. D., Michigan; J. S. Douglas, M. D., Wisconsin; E. A. Guilbert, M. D., Iowa; C. D. Williams, M. D., Minnesota; William T. Helmuth, M. D., Missouri; T. J.

Ward, M. D., Kansas; W. H. Holcombe, M. D., Louisiana; F. H. Orme, M. D., Georgia; W. Wesselhœft, M. D., Nova Scotia.

This being the preliminary meeting there was no further business of importance transacted.

At the assembling of the Institute on the following morning, Wednesday, June 5, both President and Vice-President being absent, I. T. Talbot, M. D., General Secretary, called the meeting to order and Henry D. Paine, M. D., was unanimously elected temporary Chairman. The session was opened by a prayer from Rev. Dr. Tuttle. At this meeting there were two hundred and fifty members present.

The officers for the year, unanimously elected, were:

President, William Tod Helmuth, M. D., of St. Louis, Mo.; Vice-President, P. P. Wells, M. D., of Brooklyn, N. Y.; General Secretary, I. T. Talbot, M. D., of Boston, Mass.; Provisional Secretary, Horace M. Paine, M. D., of Albany, N. Y.; Treasurer, Edwin M. Kellogg, M. D., of New York, N. Y.

Board of Censors.—William E. Payne, M. D., Maine; E. U. Jones, M. D., Miss.; Bushrod W. James, M. D., Penna.; J. C. Burgher, M. D., Penna.; A. T. Bull, M. D., Buffalo

The afternoon session was opened by the new President, Wm. T. Helmuth, M. D., in a short address, in which he spoke very hopefully of the advancement of Homœopathy.

George E. Belcher, M. D., of New York, then welcomed the members in a short, but graceful speech, extending to them a hearty hospitality.

On a motion made by Dr. G. W. Swazey, the President appointed Drs. T. F. Allen, J. J. Youlin, G. W. Swazey, W. Webster and David Thayer to act as a Committee on Credentials.

A committee to audit the Treasurer's account, appointed by the President on motion of Walter Williamson, M. D., was Drs. W. Williamson, E. B. Thomas, S. Gregg, R. J. McClatchey and George E. Belcher.

The Committee on Credentials reported that seventy-two Homœopathic Societies and institutions were represented by one hundred and three delegates, a complete list being published in the Transactions for 1867.

The report of the Committee on a Complete Code of Medical Ethics was read by H. M. Smith, M. D., in the absence of the chairman, Carroll Dunham, M. D. The report was accepted and a brilliant discussion was carried on by Drs. Ball, Holt, Gregg, Williamson, Kirby, Frost, Wells, Watson, Swazey and Gray.

Drs. Kirby and Swazey were appointed to examine the Code and report thereon.

One hundred and fifty-six new members were elected at this session.

H. M. Smith, M. D., Chairman of the Bureau of Organization, Registraton and Statistics, presented a report which, on motion of H. D. Paine, M. D., was laid on the table for future discussion.

At the evening session the Annual Address was delivered by N. F. Cooke, M. D., of Chicago, Illinois. This address was an able, witty and consistent defence of Homœopathy, full of illustrative comparisons between the old and the new school. He spoke of the manner in which Homœopathy had been handicapped by antagonistic arguments and practice by professional men and ignorant superstition by the generality of people. Perhaps there was never a more fearless speech made before an intellectual audience. A remarkable phase of the address was the doctor's strong appeal to the public press to publish faithful and unvarnished reports of the progress of Homœopathy among the people as well as for the profession. The address was received with great enthusiasm and on motion of S. S. Guy, M. D., of New York, a vote of thanks was extended to Dr. Cooke and a copy was obtained for full publication in the Transactions of the Society.

On Thursday morning, June 6, the meeting was called to order by the President, Wm. Tod Helmuth, M. D. A very interesting session was opened by H. M. Paine, M. D., who reported the distribution of six thousand copies of the circular upon Cholera as prepared by the Bureau of Clinical Medicine. The circular had not only been highly appreciated by the profession, but the public journals and newspapers all over the country had copied it and commented upon it very favorably.

The Bureau of Materia Medica then presented a paper prepared by Conrad Wesselhoeft, M. D., of Massachusetts. The subject was "Observations During Drug-Proving." The doctor began by showing the advantage of each prover giving a complete list of the symptoms obtained in his proving of the drug chosen, and refuting the idea that because all provers did not obtain directly identical symptoms that the drug was not consistent in its action upon disease. He claimed that every action of the drug, however trivial it might appear, should be noted, as only by such means could its full value be obtained. A plant being proved as a remedy

for a disease with one set of symptoms, by extreme care in observation, might be found to act upon diseases still somewhat obscure and baffling. *Pulsatilla Nuttalliana* was the herb selected by Dr. Wessellhæft. The preparation used was a tincture prepared by C. S. Halsey, of Chicago. He used the drug in provings upon thirteen individuals and his report was exceedingly voluminous and comprehensive. The report closed with a comparison of the action of *Pulsatilla Nuttalliana* and the European species of the plant, *Pulsatilla Nigricans*, with quite a satisfactory conclusion that the two herbs medicinally considered, are almost analogous.

Dr. Walter Williamson, of Philadelphia, presented an important abstract of an extensive proving of "*Hydrastis Canadensis*." In this observations made by old as well as new school practitioners, were quoted so as to fully obtain all the characteristics of the herb. Its use in ulcers, catarrhal conditions, erysipelas, small-pox and cancers is fully explained, and also its efficacy as an external as well as an internal remedy in trituration and tincture.

Dr. W. E. Payne's contribution was a Partial Proving of *Lilium Tigrinum*. Dr. Payne was led to select this herb as a possible remedy for convulsions, but thus far its interesting influence upon the actions of the heart detracted from the study of its symptoms in other directions, though a noticeable fact was discovered that those upon whom the possible remedy was proved made no mention of any important cerebral disturbance whatever.

E. M. Hale, M. D., of Chicago, had not completed his provings of *Ptelea Trifoliata*, and requested to be allowed to continue over to the next meeting of the Institute.

The report of the Bureau of Materia Medica being accepted, there followed a very interesting and active discussion upon the different papers. An important part of the discussion referred to the quantity of the remedies used in provings that was required to produce an appreciable result, and in nearly every case it was ascertained that the small quantity at regular intervals was most satisfactory. The argument being that of true Homœopathy, that only certain minute quantities of any drug can be absorbed, all over the necessary amount producing surfeit and consequent nausea. Hence an over-dose of any active poison may only produce distressing sickness, but subsequent active recovery, while a regular absorption of small, even highly attenuated doses of the same drug results in death.

During the discussion of the principles of proving remedies, and the portions of medicines requisite to produce satisfactory results, the subject of pathology was argued quite ably, and the general decision reached that every physician should also be a pathologist, for by such knowledge only could he reach perfect success in treating diseases.

Then followed an argument, *pro* and *con*, concerning the admission of women into the membership of the Institute. After much rather irrelevant fusillading the matter was put to a vote, the result being that, for that year at least, women were excluded from membership of the Institute.

The Bureau of Clinical Medicine and Zymoses offered its report, at the hands of Dr. H. D. Paine, of New York. Dr. Paine read a short paper on "The Alleged Change of Type in Diseases." In this he showed how increased knowledge in the nature of diseases and their similar remedies had produced a decided antagonism to Homœopathy in the form of certain allopathic arguments, which went to prove that the treatment must by no means be credited with the decreased mortality in epidemic maladies, particularly, but that such diseases have gradually been undergoing numerous definite changes in type. To support this statement the many phases of human existence have been made attributable to changes in their surroundings and habits of living. And all this is done to prove, not that old school therapeutics were wrong, but that gradually mutating conditions seem to point to the possibility that a consequent alteration in treatment may be more or less successful. Then, instead of openly resorting to true Homœopathy, many practitioners are using allopathic preparations of the successful remedies, such alteration in treatment being made necessary by the changes in the types of such diseases as cholera, diphtheria and other direful epidemics.

Following Dr. Paine, D. H. Beckwith, M. D., of Cleveland, Ohio, presented a paper upon Diphtheria, giving the remedies used by numerous well known physicians, the various symptoms of the dreaded malady, the localities in which the epidemic generally prevails and a general history of its progress since its appearance in malignant form in 1860 and '61. Reading the paper carefully one finds how rapidly science traced the disease, and how persistently physicians sought for the proper remedies until we find some great practitioners who actually succeeded in so battling diphtheria as to lose not a single patient. In those days

anti-toxine was unknown, except in the forms of drugs so prepared and administered as to produce most pleasing effects in the relief of suffering and the prevention of the inroads of death, when heretofore hundreds were slain by the peculiarly insidious developments of diphtheria.

On Friday morning, June 7th, the Bureau continued its report in an excellent paper by T. G. Comstock, M. D., of St. Louis, on "Experience in the Late Epidemic of Cholera in St. Louis." This paper treated of the disease in its several phases, noting its action upon the brain as well as the stomach and bowels; treating of the justly dreaded collapse and its possible cure, though in older practice generally accepted as entirely helpless. Dr. Comstock's own experience, honestly described, though it might to some degree meet with disfavor, was, nevertheless, convincing that the physician who conscientiously works for his patient so long as a spark of life remains in the majority of cases receives his reward. Perhaps too much praise could not be conceded to Dr. Comstock, who, in his able paper, reported so fully, not only his experience, but the remedies he used in his extensive practice and the prophylactics that he found most efficacious in the prevention of the spread of the disease, which in that one epidemic in St. Louis in 1866 resulted in nearly four thousand deaths.

After Dr. Comstock's report, Dr. William Hause, of Adrian, Mich., followed with a few clinical cases in his own experience in which the results of his treatment were perfectly satisfactory. The paper described the cases and the remedies used, together with the ultimate success attained.

The Bureau of Surgery followed with an interesting report submitted by William Tod Helmuth, M. D., in place of J. Beakley, M. D., of New York, Chairman of the Bureau, who was absent.

Dr. Helmuth presented a paper containing a very clear description of the surgical and medical treatment of several different cases, in each of which his experience was very satisfactory. In one case, where death supervened, he explained fully and without reserve the causes of his lack of saving the life of a patient, for whom he might have done much but that the general health had been undermined by the progress of the disease, "Traumatic Stricture of the Urethra."

Dr. Helmuth displayed the entire lower jaw bone which he had removed from a boy in Indianapolis, whose jaw bone had been injured by a pin imbedded in the bone. The operation had been

a most peculiar and difficult one. A few days after the bone was removed the boy was able to talk.

William A. Reed, M. D., of Philadelphia, showed a peculiar bone that had been taken from an ovarian tumor during a post-mortem examination. Its appearance and origin caused some discussion.

Bushrod W. James, M. D., of Philadelphia, displayed a new apparatus for the treatment of a transverse fracture of the patella. He gave a full description of the apparatus and its adjustment, showing the more merciful as well as more successful treatment administered by its use.

B. F. Bowers, M. D., of New York, exhibited new instruments for use in cases of ectropion, together with an apparatus for the treatment of umbilical hernia.

George F. Foote, M. D., of Philadelphia, read an article on the Use of External Medicines in Homœopathic Surgery. This paper was concise and to the point, showing that no medicine of any kind is needed in any case, surgical or otherwise, unless indicating symptoms appear, when the administration of proper remedies, internally, will act upon the injuries by restoring the general system to soundness, and the consequence will be complete cure of injuries externally received by surgeon's knife, or even by accident.

H. Sheffield, M. D., of Nashville, Tennessee, sent a letter and a photograph to the Bureau describing a monstrosity which he had seen, of a child, partially bicephalous, that had lived twenty-four hours.

L. H. Willard, M. D., of Pittsburg, read his paper on the "Treatment of the Fracture of the Femur Without the Aid of Splints." The treatment was the extension of the limb until the strong muscles and sinews act as splints, the adjustment of bags to press them in proper position, and the arrangement of bands and straps to prevent the limb from being moved to displace the fracture bones. This arrangement and internal medicine has proven very satisfactory to both patient and physician or surgeon.

J. T. Hotchkiss, M. D., of Monroe, N. Y., delivered a paper on "Bandaging," in which he described the adjustment of pelvic bandages and the positive benefit of properly arranged bandages in injuries to any part of the frame.

N. F. Cooke, M. D., of Chicago, read a paper on "Anatomical Anomalies," treating simply of his experience in patients with

displaced kidneys, an injured heart and a heart occupying a peculiar position in the trunk, the position being directly contrary to the usual location of that organ.

C. Theodore Liebold, M. D., of New York, exhibited an improved eye syringe, and read a short paper on the use of "Astringents" in the treatment of the eyes, claiming that in many cases the application of properly selected astringents to the eye is as useful and as free from after injury as the use of other remedies of the same nature in wounds, either accidental or surgical.

W. James Blakeley, M. D., of Benzinger, Pa., read a paper on "Post-Mortem Examinations," giving the results of several post-mortem examinations and describing the conditions of brain, heart and lungs, particularly when the organs were laboring under the influence of alcoholic stimulants.

Henry N. Guernsey, M. D., of Philadelphia, Chairman of the Bureau of Obstetrics, submitted his report, which contained advanced views regarding the use of medicine in the treatment of vaginal and uterine diseases and displacements. Dr. Guernsey strenuously opposed either operation, mechanical contrivances or douches, maintaining that homœopathic medicines, properly selected and administered, can cure very nearly all ailments of such description by restoring proper tone to ligaments and muscles, and by this means impelling the organs to resume normal conditions. He also objected to anæsthetics during labor, against bandaging child-bed women and the old-fashioned manner of delivering patients suffering in placenta prævia. The doctor's address was simple, convincing and displayed a careful study of every portion of his subject.

John C. Sanders, M. D., of Cleveland, Ohio, selected for his subject "Puerperal Convulsions," describing minutely symptoms, probable causes, results upon the patient's recovery and his personal experiences of the proper procedure of treatment and medicine. Dr. Sanders held that physicians should make themselves conversant with the physical and mental conditions of their patients previous to the time of labor, and advised certain formula to be used in the case of convulsions before the time of parturition. Dr. Sanders regarded eclampsia as a dangerous and formidable enemy against which every obstetrician should be fully prepared in every case.

E. G. Cook, M. D., of Buffalo, N. Y., chose for his paper a short but able protest against mechanical treatment of "Proci-

dentia Uteri," supporting his theory by giving a full description of his own treatment of a case whose recovery was entirely satisfactory.

The Committee on the preparation of a Complete Code of Medical Ethics presented their report, which gave rise to a lengthy and brilliant discussion. Some members argued for an entirely new code, others for a mere revision of the old one in use in other medical societies, while still others projected the idea that each physician should possess in himself a full and proper code by which to govern his actions toward his patients and his brother practitioners. The members of the Committee, in whom had been vested the power to formulate the Code, were compelled to listen to long arguments and to sometimes feel that they had made themselves somewhat ridiculous in the eyes of at least a few of their brethren. The most important points under special consideration were the unprofessional system of patenting medicines and surgical appliances, thereby necessarily limiting their uses toward benefiting suffering humanity and the impracticability of endeavoring to insert in the Code the manner in which patients should act toward their physicians. Notwithstanding the numerous flaws in the Code it was taken, as a whole, quite acceptably as an example of the principles embraced in the Golden Rule.

The Bureau of Organization, Registration and Statistics offered its report, but before any papers were considered several resolutions were adopted, viz.:

"That the Bureau be authorized to publish a journal of statistics, provided it can be done without cost to the Institute."

"That the following section shall be added to Article X. of the By-Laws of the Institute:

"SECTION 6. There shall be a Bureau of Physiology, which shall report to the Institute the advances made in this department of Medical Science."

"SECTION 7. There shall be a Bureau of Anatomy which shall report the discoveries made in this department."

"SECTION 8. There shall be a Bureau of Hygiene which shall collect facts and observations on all subjects pertaining thereto, and report to the Institute the advancement made in this department."

Also, "*Resolved*, That of the State Societies represented in the American Institute of Homœopathy, the Presidents shall be ex-officiis Vice-Presidents, and the Recording Secretaries shall be ex-

officiis Corresponding Secretaries of the Institute. It shall be the duty of these officers to communicate to the General Secretary any facts or information concerning the condition of these Societies and the progress of Homœopathy in their several States."

"*Resolved*, That local societies be requested to see that all institutions or associations in their vicinity under homœopathic care and direction be represented at the sessions of the American Institute of Homœopathy, and should the officers of any such institutions neglect to appoint delegates to the Institute, that such society be empowered to appoint delegates for them."

J. C. Sanders, M.D., offered this resolution, which was adopted:

"*Resolved*, That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education."

In the report of this Bureau it was shown that the first list of the homœopathic physicians in New York City was published by Mr. J. T. S. Smith, in 1848. They numbered thirty-nine. In the State there were between three and four hundred.

Dr. James W. Metcalf published a list of the homœopathic doctors in New York State in 1852, which was in number about three hundred, with several Counties unheard from. At this time the cities New York, Philadelphia, Boston and Baltimore claimed sixty-four, fifty-three, twenty and ten, respectively.

Mr. Henry M. Smith published a list of fourteen hundred practitioners in 1856, and in 1857 there was compiled a directory of ninety-six pages, containing fourteen hundred and eighty-one names of physicians, two colleges, one hospital, eight dispensaries, twenty-three societies and thirteen pharmacies, and a list of books, all embraced under the banner of Hahnemann. The directory was necessarily incomplete, but after great care the number practicing the new school plan of treating diseases was found to be three thousand six hundred and thirty-six, distributed all over the United States.

In this year, 1857, there were also sixty-one societies, three being National—the "American Institute of Homœopathy," "The American Provers' Union," and the "American Publication Society." Two were sectional, "The Western Institute of Homœopathy" and the "Northwestern Provers' Union." Sixteen were State organizations, and there were forty-two local societies.

There were seven colleges, thirteen hospitals or dispensaries, and ten homœopathic periodicals.

The first homœopathic publication in the United States was issued by Dr. Gram, in 1825. During the following ten years there were fifty-two homœopathic works issued. In the following decade there were two hundred and four. From 1854 to 1864 the number of books were but one hundred and seventy-eight, but the improvement in the size of the books, and the erudition displayed in their authorship, quite equalized the difference in actual numbers. From this time a decided improvement in the works published manifested itself in both practical and scientific knowledge.

After this report Francis H. Krebs, M. D., of Boston, Mass., delivered an address styled "A Sketch of the History of Medicine." Dr. Krebs began by giving a summary of an address delivered by Dr. Oliver Wendell Holmes, before the "Boston Society for the Diffusion of Useful Knowledge," on "Homœopathy and Its Kindred Delusions." And, though there could be no possible doubt of the wit of Dr. Holmes in the dissertation, the wide and egregious blunders that he made in his prognostications must certainly have occurred to him rather unpleasantly in years afterward. Dr. Holmes held infinitesimal globules up to ridicule, and consigned the new school to the lowest hovels of poverty and ignorance, where only its doctrines would be accepted, ostensibly meaning that people too poor to call upon old school practitioners would be treated with gladness by the gradually declining followers of Hahnemann.

Dr. Krebs followed this antagonistic speech by comparing here, accepting there and building upon statements which Dr. Holmes least expected could be turned to advantage. He said that the learned physician had neglected to note at what time in the history of the world the system of Homœopathy was discovered; he forgot to tell that knowledge was advancing with wonderful rapidity in every direction, that science held among its votaries men who would never be content with mere assertions, but must have convincing proofs. Dr. Holmes had stated that every great advance made in medical science co-existed with other grand and permanent progressions of science, of government, of religion; but had failed to show how the onward trend of medical science was actually made step by step, it might be said, with the greatest events in history, such as the French Revolution, the American Revolution and the scientific discoveries and accomplishments that have made the centuries famous forever.

Having followed and gracefully refuted Dr. Holmes's arguments against Hahnemannian practice, Dr. Krebs made brilliant sketches of Hippocrates and his "Humoral Pathology," his doctrine of the crisis of diseases, and his very near approach to Homœopathy, though centuries passed before the practical discovery of that which glanced across the mental vision of the great physician. Galen, the Iatro-Chemical School, with its strangely absurd teachings, the Iatro-Mechanical School, as founded by Bellini, the state of really practical medicine at this low ebb of the science healing, were considered at some length. Then he spoke of Sydenham, the second Hippocrates, and his near approach to new discoveries; of Stahl and his faithful seeking after knowledge; of Hoffman and Bôerhaave, of Haller; Cullen and Brown, and leading through the strange labyrinth of honest toil, of careless indifference, of more than doubtful practice, he tells of Girtanner as he uttered his cry of despair of ever finding unity and unquestionable truth among men who professed to aid and cure human sufferers. He proclaimed how, just as the darkness of distrust and uncertainty seemed to fall like an impenetrable pall of darkness over the God-like science of healing, the great German scientist, Hahnemann, discovered the great irrefutable truth—*Similia Similibus Curantur*—that rose like a star to lighten the darkness and to prove that there was and must forever after be acknowledged a true Science of Healing.

Henry D. Paine, M. D., of New York, presented obituary notices of the following deceased members: Benjamin Franklin Joslin, M. D., born in Exeter, Rhode Island, November 25, 1796. He graduated with a noteworthy record of scholarship from Union College in 1821, and passed the highest examination from College of Physicians and Surgeons, of New York. He was Professor of Mathematics and Natural Philosophy in the Union College for ten years. In 1838 he was called to the same chair in the University of the City of New York, a position which he held until 1844. In 1843 Dr. Joslin was elected President of the New York Homœopathic Medical Society. He made a thorough study and proving of Homœopathy after sixteen years' practice in the old school, and from the time of his conversion to the new doctrine of healing he was a faithful, consistent and earnest worker therein. He died December 31, 1861.

Hunting Sherrill, M. D., was born April 3, 1773, at Easthampton, Long Island. He studied medicine in New York City, and

practiced in Hyde Park, Poughkeepsie, and subsequently in New York, where he removed in 1840. He was not only an eminent physician, but a true Christian and a man of wide charity. He died at the advanced age of 82 years.

Richard Bloss, M. D., was born in Royalton, Windsor County, Vermont, on April 13, 1798. Dr. Bloss practiced medicine forty years, that time being equally divided between the two schools, he having embraced and taught Homœopathy for twenty years. He was called the father of Homœopathy in Northern New York, and was elected President of the Rensselaer County Society when it was first organized. Dr. Bloss was a true Christian and a faithful physician. He died September 3, 1863.

Edwin C. Witherill, M. D., was born in New Hampshire. He received his medical diploma from New York, and successfully practiced in Auburn and Canandaigua, N. Y. He accepted the chair of Anatomy and Physiology in the Homœopathic Medical College, at Cleveland, Ohio, but resigned after a brief term and removed to Cincinnati, where he held an enviable rank in the profession. He died of cholera on October 30, 1865.

E. F. Hofman, M. D., of New York, and E. B. Harding M. D., of Greenfield, Mass., each exhibited new forms of pessaries and described their advantages over any others yet introduced. They were met by arguments against the use of any such appliance by Drs. Thayer, Ball and McManus.

On motion of T. S. Verdi, M. D., of Washington, a special committee of four was appointed to promote the establishment of similar societies to the American Institute, and to recommend their free correspondence with the Institute. Drs. I. T. T. Ibot, B. De Gersdorff, Carroll Dunham and T. S. Verdi were appointed as the committee.

On motion of H. M. Smith, M. D., Drs. H. D. Paine, E. M. Kellogg and S. B. Barlow were appointed a Finance Committee, with power to settle all claims of back dues against members of the Institute.

On motion of H. M. Smith, M. D., the Secretary was authorized to have a seal of the Institute properly engrossed for general use in official publications.

On motion of Dr. Henry D. Paine, the General Secretary, Provisional Secretary and Treasurer were appointed a Committee on Publication.

H. B. Clarke, M. D., moved that the President be intrusted to

name the Bureaus and Committees, and also that the Institute should meet in St. Louis on the first Wednesday in June, 1868.

I. T. Talbot, M. D., presented a resolution which was adopted.

“*Resolved*, That a preliminary meeting of the Institute be held on the evening preceding the commencement of the regular session, for the transaction of business necessary to organization.”

G. W. Swazey, M. D., proposed the following amendment to the Constitution:

“*Resolved*. That the third article be amended by inserting the words ‘male or female’ after the word others.”

This was laid upon the table to be acted upon at the next meeting.

He also offered this resolution, which was adopted:

“*Resolved*, That the names of our deceased members be arranged by themselves in the Transactions, with, so far as practicable, the date of decease affixed.”

The following resolution, offered by H. M. Paine, M. D., was adopted:

“*Resolved*, That in the organization of life insurance companies which discriminate in favor of practical homœopathists we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.”

The President then announced his appointments for the several Bureaus and Committees, as found in full in the Transactions for 1867. The next meeting was appointed for June 3, 1868, in St. Louis. After having tendered heartfelt thanks to the officers, the committees and the press, with a final unanimous vote to the New York Homœopathic Society and the physicians in New York for their kind and generous hospitality, the Institute adjourned.

N. B.—In the Transactions of the American Institute of Homœopathy for 1867 will be found an excellent report of the many homœopathic societies and institutions throughout the United States at that time, but to copy them here would occupy too much space in this valuable magazine.

THE VEAL PIES OF SCIENCE.

[Considering that every laboratory in the land, except those of the manufacturers of coal-tar-derivative *Cure-alls*, seems to be conspiring to make life miserable on account of the double duty demanded in dodging both the germ *and* the doctor, the weary American citizen may be moved to "smile a sort of sickly smile" on reading the following correspondence:]

DETROIT, MICH., Dec. 21, 1901.

S. A. Jones, M. D., Ann Arbor, Mich.

Dear Doctor: The writer was appointed some time since, by the State Board of Health, to make a report upon pneumonia. Will you kindly aid in making the report up-to-date and useful to the Board, by giving it the benefit of your valued opinion and the results of your observation and research, by replying briefly or at length to the following questions (by number and seriatim):

1. Do you believe pneumonia to be due to a specific germ?
2. If so, what is its character?
3. Do you regard pneumonia as a communicable disease?
4. If so, in which stage and by what means is it communicated?
5. Should patients suffering from it be quarantined?
6. If so, how strictly and for how long?
7. What do you consider the best means of prevention and disinfection?

A reply at your very earliest convenience will be greatly appreciated by the Board, and will confer a favor upon

Yours truly,

(Signed) _____ D. A. MACLACHLAN.

ANN ARBOR, 24th of December, 1901.

Professor D. A. MacLachlan, M. D., Detroit, Mich.

My Dear Sir: The letter of inquiry which you, as a member of the State Board of Health, have sent to me is just at hand. You ask for my opinion and for the result of my "observation and research." This, I presume, is to some extent owing to our olden-time relation as teacher and student. At all events, it is only because of that relationship that I turn from the duties of the physician to consider, even briefly, the theories which are spun

by medical men who are much more puissant in precept than they appear to be in practice. It is one thing, my dear doctor, to sit in a laboratory and speculate; it is entirely different to stand by a bedside and demonstrate. In other words, and with no disrespect to the clergy, is it *so* much easier to preach than to practice. Having tried both, in medicine, I speak that which I do know; having eaten the pudding, I certainly have an "opinion" of the cook!

I have been a student of medicine for nearly half a century; I have been a practitioner thereof for more than forty years, and in view of such experience as has fallen to me I am constrained to write to you that I do not consider even one of the seven questions in your letter as worthy of a fraction of the time required to type-write this letter. If there is a possible exception, is it not in the instance of your first query: "Do you believe pneumonia to be due to a specific germ?"

Frankly, I know nothing that will justify my saying "Yes." As one of the founders of the American Microscopical Society, I am presumably as conversant with the microscope as many a younger man who is to-day "monkeying" with it in a laboratory. I am also aware that "germs" studied by a Beale and the same commercial article speculated about by a Bastian are by no means that *fixed quantity* which true science imperatively demands before they are included in her vocabulary. There is said to be a "difference in deacons;" depend upon it, there is a difference in "germs," and they are like the veal pies, of which old Weller declared that "Weal pies is all werry well, Sammy, ven you knows the man wot makes 'em!"

My experience with "pneumonia" in a laboratory is simply *nil*; my acquaintance with it in hospital beds in the "Army of the Potomac" is burned into memory! Perhaps, doctor, it is my EXPERIENCE that has spoiled my stomach for the veal pies of science, falsely so called. Perhaps, also, an old workman, in recognition of honest service, may be allowed to declare that he is constrained, yes, OBLIGED, to regard your questions 2, 3, 4, 5, 6, 7 as wholly unworthy of the consideration of even the semi-senility of his own senectitude.

Yours very truly,

SAM'L A. JONES, M. D.

A LEADER—ARGENTUM NITRICUM.

By E. B. Nash, M. D.

Rena Spalding, 14 years of age, blue eyes, dark hair and very rosy complexion, no menstruation; began while in school to grow languid, lose color and appetite, and became very irritable and nervous. She also emaciated greatly and weakened in the legs, which trembled when she walked so that she could not walk up town, which was only a short distance. On these symptoms she received *Phosphoric acid*, as she had been growing quite tired with all the rest. It did not benefit her in the least. I tested the urine for albumen and sugar. Found none. What was the matter? That she was going fast into a serious decline was too evident. She received *Helonias*, with which I had sometimes benefited such cases at her age and with similar symptoms. No result. Finally I learned that notwithstanding her loss of appetite for food in general she had an *irresistible desire for sugar*. Her mother had to hide the sugar bowl and stop making sweet cakes, as she was convinced that this was an abnormal hunger, and knew she continued to grow worse even if she did eat such things. I now gave her a dose of *Argentum nitricum* 200th. The improvement following was simply astonishing. Every untoward symptom vanished, and within a month's time she was the healthiest appearing girl in town.

An examination of *Argentum nit.* will disclose the fact that all her symptoms were covered by that remedy. But there are other remedies that cure all but this ONE just as well. This case is reported not only as a case of remarkable cure with a potency, but to impress upon all the value of what are called in the Organon *peculiar and characteristic symptoms* (Organon, p. 153). Also to prove that it is not necessary to name a disease condition in order to *cure the patient*. This is of immense advantage, for it answers in a very satisfactory way the question, "When doctors disagree who shall decide?" for we can often decide as to what will cure by making the *symptoms* of the case correspond to some one remedy in our vast Materia Medica.

Now, while other remedies have desires for sweets in various forms, such as *China*, *Lycopod.* and *Sulphur*, only this one has pathogenetically and curatively in just these words, "*Irresistible esire for sugar.*"

I omitted this symptom in my "Regional Leaders," but did not do so in my "Leaders in Hom. Therapeutics." These vagaries of appetite are often the keynote to the remedy indicated in a case; for instance, *Calcarea phos.*, desire for salted and smoked meats, ham, bacon, etc.; children cry for ham rind (*Caust.*).

Tart. em. Desire for fruit and sour things (*Hepar, Verat.*).

Calc. ost. Longing for eggs, particularly with children in sickness or during convalescence.

Nit. acid. Longing for fat, herring, chalk, lime, earth, etc.

Alumina. Wants starch, chalk, charcoal, coal, coffee, tea grounds, indigestible things.

Longing for salt or salt things, *Carbo v., Nat. m., Phos., Verat. alb.*

The *aversions* are just as strong, and as often lead to a choice of the remedy.

I will not undertake to enumerate them here, and only write to emphasize the value of symptoms of this class, and especially to encourage the younger members to a more diligent study and appreciation of our *Materia Medica* from a symptomalogical standpoint. I realize the importance of this, not only because discredit is being thrown upon our provings by some, but because the older I grow and the more exactly I apply drugs to the healing of the sick according to the rules laid down by Hahnemann the more I am satisfied of their truthfulness.

Cortland, N. Y., Jan. 13, 1902.

ON THE CURATIVE RANGE OF CRATÆGUS.

By T. C. Duncan, M. D., Chicago.

In the absence of a drug analyst like Father Hering the evolution of a new remedy in this day seems slow. Perhaps it would be more rapid if the experience of the profession was given more promptly, but doubtless many are waiting for more light as when and how to give *Cratægus*.

We have at last a proving of this drug, and the expert student can make out a picture from the outlines: Slow heart first (with big doses), then rapid heart with neuralgic pains. The long action of this drug is to bring the pulse to its normal and keep it there. It has been demonstrated repeatedly that it has no cumulative action like *Digitalis*.

Cratægus in Cardiac Weakness.

The article by Dr. Kopp, of Australia, given in your November number, throws much additional light upon the range of action of *Cratægus*. It recalls a case of very slow, feeble pulse in an old soldier I saw in consultation with my cousin, Dr. W. C. Duncan, of Colfax, Iowa. The pulse rate was only 26. I made a careful examination, standing, sitting and lying, and found a hypertrophied, dilated heart. Apex beat was to the left and behind the sixth rib. He had attacks of heart failure when no pulse could be found, but the wife would keep rubbing him and giving stimulants, and finally the heart would start again with slow and measured beat. He seemed practically dead while in the attacks. There was no evidence of any convulsions, but was a clear case of heart failure from cardiac weakness. *Digitalis* was tried, but it produced such a rapid trembling, distressed feeling at the heart with cerebral confusion that he disliked to take it. *Cratægus* was given and the old man has not had a return of the attacks of heart failure for over a year. Before that he had them very frequently, especially after any unusual exertion.

I look upon this case as one of extreme brachycardia, and doubtless this belonged to the class of heart cases that old Dr. Green, in Ireland, discovered that *Cratægus* was so efficient in. You remember this was for years a secret remedy with him, and he aroused the jealousy of the profession by his great success. After his death his daughter gave to the medical world the fact that the remedy was *Cratægus oxyacantha*. This report from Australia shows that the good of humanity should forbid the withholding of valuable information from the profession. Possibly had Dr. Green given it to his polypharmacy brethren they would have smothered it in a prescription and the world would be none the better.

TAPEWORM—ITS DESTRUCTION AND CURE.*

By Dr. E. A. Simonds.

Medicine has been called an art as well as a science. Art has been defined as taking a lowly thing and glorifying it. My subject is surely a lowly one, and whether or not I succeed in glorify-

* Read before the Medico-Chirurgical Society, Central N. Y., held at Syracuse, N. Y., December 5, 1901.

ing it will develop farther on; however, I am quite sure it will neither turn out a "song nor sermon." When our good president wrote me so enticingly for help in his extremity, I said *no*, I have no special message for the society at this time, and no desire to take up its time with "much speaking."

About this time two men—brothers—consulted me for the expulsion of tapeworm; one saying I was the sixth medical man who had treated him, the other something less. As they were both intelligent young men of means from a neighboring city on their way to the Adirondacks, able financially to have the best treatment and medicine procurable, this with the fact that I practiced medicine nine years before I ever saw a tapeworm head; although I made repeated trials. These considerations, I say, led me to believe that the successful treatment of tapeworm was not such an easy matter, and furnished me with a text as well as an excuse for such a trifling subject.

I scarcely think it necessary for me to take your time with the history ætiology symptoms of tapeworm. They are easily found in any work on practice. Usually it is enough for us to know that they are there, and, generally speaking, the only sure way of finding that out is to watch the stools for pieces that are thrown off. Any suspicions we may have may be verified by a brisk cathartic of two or three grains of *Calomel* followed by a teaspoonful of *Epsom salt* in three hours. Not homœopathic. Hold on! Remember, we are to kill now. Of course, I am not speaking of the requirements of diagnosis, such as the discovery of their larvæ by the microscope. Once found, and here let me say don't take the patient's word for it; see for yourself. There are other forms of intestinal parasites, and the writer has known patients to mistake the exfoliations of pseudo-membranous-enteritis for tapeworm-links. The diagnosis once made the problem is how to destroy the parasite with least harm to the patient. Many patients have told me that they wished they had their tapeworm back, for they were worse after they got rid of it than when they had it. This I found to be due to damage done the mucosa of the alimentary tract by the use of drugs improperly given or in improper dosage, as well as to the nervous shock, rather than the loss of a friend, or anything that contributed to their well being. I suppose in this, as in everything, it is less important what you do than the way you do it. Less important what you give than the way you give it.

There are many drugs and remedies used for the expulsion and destruction of tapeworm. I have found them all more or less disappointing except one; but, as before said, the fault is very likely mine, as many of them have very enthusiastic and positive champions, especially *Kamala*, *Koussou*, *Chloroform*, *Turpentine*, *Areca nut*, *Male-fern*, *Pumpkin*, *Secale*, etc.

Pelleterine.

The remedy that I use exclusively now is *Pelleterine*, the alkaloid of the pomegranate. Fifteen or twenty grains of the tannate, as made by Merck, has acted very well, and is much cheaper than the one made by Tanret, but I much prefer the latter. It comes ready prepared, one dose in a bottle, and always of uniform and definite strength, and has never disappointed me when properly handled. I have treated as many as five patients in one day, and secured the head in every case, with no return of the parasite after five or six years, and with no after or by effects to annoy the patient. The great difficulty in the use of the pomegranate is its paralyzing effect on the bowel. This I have been able to overcome by giving the patient a fiftieth of a grain of *Strychnia* three times daily for three or four days before giving the *Pelleterine*, when I have time to prepare the patient beforehand, and remembering the fact when I come to give the cathartic following and give the maximum dose.

The treatment is very simple; the patient takes a cup of broth or milk at night and a large colon flushing at bedtime, or a dose of some cathartic, say *Epsom salt*, to clear the bowel of mucus.

The *Pelleterine* is taken in the morning fasting, preceded a few minutes by a fiftieth of a grain of *Strychnia*. In forty-five minutes follow by a brisk cathartic. The compound tincture of *Jalapa* is preferred, but rather hard to obtain. I generally use either *Castor oil*, from one to two ounces in cold coffee or whisky, or sulphate of *Magnesia* (*Epsom salt*), from one-half to one ounce in a cup of tea. It is usually best to consult the tastes of the patient in the matter. Some patients are made sick at the thought of *Castor oil*, while others object seriously to *Salts*. I find it much better to give too much than too little of either. Of course it is best to take into account whether the patient is accustomed to cathartics, whether habitually constipated, age, size and physical condition, and any other thing that might influence dosage. If the worm does not come away in two to three hours, repeat the

cathartic or give an enemia of table salt, one heaping tablespoonful, one cup of black molasses and two quarts of hot water. In the meantime some warm water should be placed in a jar and covered with a piece of cheese cloth a yard square in which to receive the ejecta from the bowels, when the ends may be gathered up in the hands, the whole thing immersed in the warm water and washed clean, without loss of any portion of the parasite.

Now a word as to the administration. Don't start until you are ready. Have some chopped ice ready at hand and a mustard plaster. Let the patient swallow the remedy quickly while lying down. Instruct him to lie on his back with eyes closed, and not to raise the head for *any purpose*. If nausea is severe give chips of ice and apply mustard over the epigastrium. After the nausea has passed off, which it usually does in from twenty to thirty minutes, then the patient may be instructed to get up and walk about. He will feel dizzy and groggy, but quiet his fears by assuring him that that is all right and a part of the business. The same precautions as to vomiting will have to be taken when the cathartic is given. I have lost many a fine trout by not having a landing net ready, and have seen two dollars' worth of medicine vomited up and the operation fail by not having ice and mustard at hand. So I feel like emphasizing the caution to have everything ready before beginning. Much will depend upon you. The physician should show no hesitancy, no indecision, no faltering. Go at it as though you expected definite results, and with perfect assurance and mastery of the situation.

The after care is all important. If hypercatharsis results it may be controlled by *Morphine* in one-eighth grain doses. The patient should receive a cup of malted milk or clam or mutton broth afterward and no solid food for three days, when a mixed diet may be gradually resumed. Tonic doses of *Strychnia* should be continued for some time, say, one one-hundredth of a grain after meals.

Tapeworms seem to be relatively numerous in this vicinity, and the writer has not had a failure when the above regimen has been faithfully carried out.

Carthage, Mo.

THE REMEDY, HOW SHALL I FIND IT?

By Edwin R. McIntyer, B. S., M. D., Professor of Neurology in the Dunham Medical College of Chicago.

Probably no subject connected with the life work of the homœopathic physician has had a greater variety of "the only true mode" of selecting the similimum; nor is any other subject more difficult at the present reading. He takes his case with the utmost care and painstaking, records all the symptoms of the patient, imaginary and otherwise, for he must not be merely a keynote prescriber (they are no good). Now he begins his search for the remedy. He consults his repertory, only to find that almost every remedy in the *Materia Medica* is represented in the symptomatology of his case. He spends hours wading through his books to find several remedies with an equal number of symptoms. Clearly he cannot prescribe more than one, but which one? The preponderance of symptoms alone will not help him out, since no remedy has a preponderance in numbers.

The following case may help to illustrate my meaning better than I can do it otherwise, although not a perfect illustration:

Patient a lady, age?

Mind. Irritable, fretful, easily offended, indolent, indisposed to any exertion; hypochondriac, with irritable temper; gloominess and dark forebodings.

Head. She cannot tolerate noise, talking, strong odors, bright light or music. Headache as if it would split open, in forehead, as if the eyes would press out, or in the occiput; headache with nausea, beginning in the morning.

Eyes. Inflamed, swollen, red, with burning and lachrymation, morning and evening.

Nose. Dry coryza, stuffy cold; nosebleed in the morning; *yellow saddle across nose.*

Face. *Yellow saddle across face*, yellow spots on face.

Mouth. Taste bitter, slimy or foul in the morning; tongue coated light.

Stomach. Vomiting of bile and food; nausea and vomiting every morning, with constipation

Stool. Stools hard, difficult and knotty, with sense of weight in the anus, not relieved by stool; constipation, discharge of mucus

and offensive flatus when straining for stool; ineffectual desire for stool.

Urinary organs. Frequent urination; burning while urinating.

Sexual organs. Severe bearing-down pains in the uterus, better when lying; must cross limbs to prevent protrusion; fœtid leucorrhœa, yellow, excoriating. Menses too early, scanty and very irregular.

Respiratory organs. Dry, scraping cough, causing soreness in the abdomen and pain in the stomach. *Yellow spots on the chest.*

Circulatory organs. Sudden palpitation of the heart in the evening in bed.

Lower limbs. Great weariness of legs, which "go to sleep easily."

Fever. Sensation of chilliness, shivering; flushes of heat on least motion; profuse perspiration in the morning after waking.

Skin. Yellow spots here and there, jaundiced.

Sleep. Falls asleep in her chair in the daytime; restless, unrefreshing sleep at night; wakes about 3 A. M., and cannot go to sleep until morning, then difficult to wake.

Aggravations. Morning; after eating; while sitting.

Now since my case is written out I have only to turn to the repertory, and will soon have the remedy which has the greatest number of symptoms of the case to make a scientific prescription. The mental symptoms being the most important, I look for the remedies under "Irritability," to find that only two hundred and twenty-five remedies have that symptom. I now feel that this symptom can scarcely be a guide, because so common; and since so few people are troubled with "indisposition to any exertion," this will be my starting point, when behold I find one hundred and forty-four remedies have that symptom. This clearly is not a particular keynote or characteristic of anything. Now in my extremity I looked up "Easily offended," and find only thirty-eight remedies having that symptom, which is so common in the human race. Now what is the matter here? Only this: A large number of the symptoms given in our large works on *materia medica* are purely imaginary, and never were produced by the remedies and never can be cured with them.

But I take as a standing point the thirty-eight remedies found under that very common symptom, and feel confident I will find the remedy among them for all the others:

Acon., *Agar.*, *Alum.*, *Aru.*, *Ars.*, *Aur.*, *Bell.*, *Bov.*, *Cal. c.*,

Camph., *Cann. s.*, *Caps.*, *Carbo v.*, *Cham.*, *Chel.*, *China*, *Cina*, *Cinnib.*, *Cocc.*, *Coloc.*, *Cycl.*, *Dros.*, *Graph.*, *Lyc.*, *Merc.*, *Natr. m.*, *Nux v.*, *Petr.*, *Phos.*, *Plat.*, *Puls.*, *Ran. b.*, *Sars.*, *Sep.*, *Spig.*, *Stram.*, *Sulph.*, *Veratr. a.*

I confine my search to those and find that *Acon.* has 18 symptoms, *Agar.*, 18, *Alum.*, 17, *Arn.*, 20, *Ars.*, 17, *Aur.*, 12, *Bell.*, 15, *Bov.*, 10, *Cal. c.*, 22, *Camph.*, 10, *Cann. s.*, 8, *Caps.*, 8, *Carbo v.*, 16, *Cham.*, 16, *Chel.*, 14, *China*, 18, *Cina*, 12, *Cinnib.*, 7, *Cocc.*, 12, *Coloc.*, 13, *Cycl.*, 11, *Dros.*, 10, *Graph.*, 21, *Lyc.*, 21, *Merc.*, 19, *Natr. m.*, 25, *Nux v.*, 28, *Petr.*, 19, *Phos.*, 24, *Plat.*, 10, *Puls.*, 21, *Ran. b.*, 10, *Sars.*, 11, *Sep.*, 39, *Spig.*, 12, *Stram.*, 5, *Sulph.*, 28, *Veratr. a.*, 10.

Here we have thirty-eight remedies possessing part of the picture of our case, and about two hundred more that we know of having at least one symptom. Of the thirty-eight studied 1 has 39 symptoms; 2 have 28; 1 has 25; 1, 24; 1, 22; 3, 21; 1, 20; 2, 19; 3, 18; 2, 17; 2, 16; 1, 15; 1, 14; 1, 13; 4, 12; 2, 11; 6, 10; 2, 8; 1, 7 and 1, 5 symptoms.

Sep., *Nux v.* and *Sulph.* are the three having the highest number, *Sep.* having 39 and *Nux* and *Sulph.* 28 each. One of these must be the remedy, and *Sep.* having the greatest number would be the one on purely a numerical basis. But the point I wish to make is that we must not stop with simply the number of symptoms, but must consider their value as well. All must concede that some similarity exists between the case and each of the nearly 250 remedies, but all cannot be the similitum.

In this connection it may not be amiss to state that the case is a hypothetical one copied from under *Nux vom.* Except three, the symptoms are all found under both *Nux* and *Sep.* But the repertory gives eleven less under *Nux* than *Sep.* Why are the other eight symptoms copied from *Nux* not accredited to it in the repertory? And not being so credited, how are we to simply choose our remedy from the number of symptoms? Every symptom of the case is found under *Sep.*, including the three not copied from *Nux*, which are YELLOW SADDLE ACROSS THE NOSE; YELLOW SADDLE ACROSS THE CHEEK and YELLOW SPOTS ON THE CHEST. These are peculiar to *Sep.* alone, hence are *keynotes* or *characteristics* of this remedy. Hence they are a better guide to the similitum than all the other thirty-six symptoms, most of which are generals, belonging to several remedies.

Therefore, after all our labor and hours spent in working out

our case, we are compelled to prescribe on *keynotes* alone; knowing that when we have three or more *keynotes* or true characteristics the generals will also be found under the same remedy. True, I find that 16 of the *Sepia* symptoms are marked in the repertory as occupying the most important place, 14 second and 9 third, while *Sulph.* gives 5 first, 9 second and 14 third, and *Nux* 12 first, 13 second and 3 third. This is an important part of our repertory work, providing we can be sure that these markings are true; but one can scarcely avoid the conclusion that they only are the opinions of men. Now, of these three remedies which seem to be so nearly equal on a superficial examination, the symptoms of *Nux vom.* are all produced through the cerebro-spinal system. The drug does not in any way influence growth, development or nutrition of any part or organ of the body; while *Sulph.* and *Sepia* produce their symptoms by influencing the sympathetic system alone, both being capable of modifying nutrition to a remarkable degree.

Therefore, if we prescribe one when the other is indicated, it may, nay more, is likely to cause trouble instead of curing the patient. Herein lies the secret of many of the failures in the practice of those who base their prescriptions on a superficial symptomatology, without stopping or thinking it necessary to interpret the symptoms, or get any idea of their cause or pathology. See Sections three and five of the Organon.

1209 Masonic Temple.

PYROGEN IN RHEUMATISM.

By Dr. Dunn, of Centralia, Ill.

In the fall of 1899 my old enemy, rheumatism, settled in its old haunt, my right knee. The attack was not severe, therefore but little was done. It remained all winter about the same, the joint feeling stiff and sore after rest, but limbering considerably with use; however, if exercised long the lameness and soreness increased. There was no acute pain when at rest, but a sore, boring, burning sensation. In June the following year I went east and did more than my usual amount of walking, after which it grew rapidly worse, so that I could scarcely get about or bear any weight upon my right limb.

Upon lying down the discomfort would increase, and at night

the only relief for an hour or two was in constantly moving the afflicted member; would frequently rise and take a few turns about the room. After a variable length of time would drop asleep and rest very well the remainder of the night.

I was also greatly tried while riding. No matter what the position in a carriage, the pain would shortly begin, boring, burning and occasionally stabbing. Constant moving would follow, and the greatest and only relief was from hanging my foot outside and allowing it to swing. After perhaps an hour, could ride quite comfortably, the pain ceasing for that time. Among the various remedies I will mention *Rhus*, *Bry.*, *Colch.*, high and low. Dry heat, hot baths, etc. Our old and tried friend, Dr. Wake-man, kindly listened to my "tale of woe" and prescribed "*Pyrogen* c.m." one dose. About a week later my knee was perceptibly improved, and in two months I pronounced myself practically well. Have taken nothing since to this date, November, 1901. The past two or three weeks have a slight return of the old trouble. Shall I repeat the single dose? Yes, in ten days, relieved.

A CASE OF SUPPOSED GASTRITIS AND CONSTI- PATION OF LONG STANDING PERMA- NENTLY CURED BY MANIPULATION.

By W. S. Moat, M. D.

Mr. J. M. J., about 30 years of age, tall, slender and very much emaciated, so weak he could scarcely walk, called on me May 23, 1900, and made the following statement:

I have pain and nausea at times (particularly just after taking food), at others an uneasy or distressed feeling in the stomach. I vomit nearly every morsel of nourishment I take (it matters not what it may be, how nicely or carefully prepared) from two to ten minutes by the watch.

Have been in this condition the last four months; during this time have been under the care of good physicians, but so far have had no relief.

About two weeks ago I drank a glass of beer, thinking it might do me good, and that came very near killing me. I never suffered such agony in all my life. The only nourishment that will stay on my stomach is milk, and of that very little at a time and at

long intervals. I am getting weaker every day, and if I do not get better soon will not be able to get up after I lay down. Bowels are constipated; have been taking large doses of *Castor oil*, *Salts* and injections of warm water, but nothing does me much good. These remedies produced small evacuations, but in a day or so am as badly off as I was before.

This man has been treated for gastritis, and I think his symptoms would reasonably warrant the diagnosis, but he had never indulged in excessive eating or drinking, had no accident to befall him from poison or otherwise; concluded (from my experience in other cases of a similar character) to make a rectum examination, as I suspected nervous reflex irritation.

Placed him on an operating chair, introduced index finger of my right hand into the rectum, and found it lapped or folded into three distinct pockets, the two lower much larger than the upper one, each of these filled with a hard mass of fecal matter, making an obstruction on the left lateral side of the canal that nothing but proper manipulation or a surgical operation would be likely to overcome.

With finger in rectum and left hand on abdomen was able in about half an hour to empty the pockets of their contents, and allow the distended portion to contract, and thereby prevent as much accumulation as before; and in addition, as far as I could reach, the bowel appeared to be twisted upon itself about half way around. One side of the tube was drawn so as make it feel like a small tightened cord.

I got the bowel by manipulation in such a position as to entirely remove the tension. At this juncture had all tissue, as far as I could judge, in about as normal position as could be expected under the circumstances.

Gave no medicine and directed that none should be taken. lest he would think the medicine had done the work instead of the *manipulation* should he soon get better.

May 25th, second call, and reports as follows: Has not vomited a particle of anything since he was here before, taking plenty of liquid nourishment and gaining strength.

No pain in either stomach or bowels and has an evacuation or two every day. At this call examined rectum and found the pockets very much smaller, and containing less fecal matter, and the twisted condition mentioned above beyond detection.

Replaced, as far as possible, all tissue that appeared to be dis-

placed, and gave a few small doses of *Nux vomica* for stomach, bowels and nervous system.

May 28th, third and last treatment. Patient reports himself almost CURED. Has not vomited a particle of anything, has no nausea or pain in the stomach or bowels, takes plenty of liquid and solid food, is still gaining strength and bowels are in good condition. Now, said he, in order to put myself under the most severe test, I drank a glass of beer, and it did not affect me in the least, so I am coming around all right.

I gave him another treatment by manipulation same as before and a few more doses of *Nux vomica*, and told him to call again should the trouble return. Have not seen, neither have I heard from him since, although he lives here in the city.

1610 North 15th street, Philadelphia, Pa.

HAHNEMANN FAVORED VACCINATION.

Editor of HOMŒOPATHIC RECORDER.

I wish to add to the very interesting letters on the subject of vaccination on the 544th page of Vol. XVI of the RECORDER.

“Even the invectives, which at present pour down in such quantities, cannot hurt. What have the shameful attacks on cow-pox vaccination accomplished? Nothing; nothing at all! They have only served to make more persons investigate and thereby to perceive its excellence.”

“Rest satisfied! Let everyone stand by the truth, which cannot be carried away nor perverted, and he will in future cling the closer to the words growing out of my experience.”

This is an extract from a letter written by Samuel Hahnemann, dated Koethen, August 20, 1825. It was addressed to Regiosun-grath (Government Council von Gersdorff). Professor von Gersdorff, who occupied a chair in the homœopathic department of the Boston University, was a son of the Councilor. The letter from which I take it was communicated by Dr. H. Goullon and published in the *Zeitschrift des Berliner Vereines hom. Ärzte*, Band XVI., page 390. I am particular in showing the source of this fragment in order to prove its authenticity.

A. MCNEIL, M. D.

San Francisco.

THAT VACCINATION SYMPOSIUM.

By W. B. Clarke, M. D., Indianapolis, Ind.

Editor of the HOMŒOPATHIC RECORDER.

The symposium of modern vaccination opinions prepared by Dr. Guernsey and served in the December RECORDER should be read by every physician and head of family in the land—by the former that they may learn something on a subject of which the vast majority seem to know almost nothing, and by the latter that each may have the thrice-armed courage to stand firmly in an attitude of the defence of the pristine purity of the blood of his family, now being in all too many instances vitiated and depraved at the behest of Boards of Health.

With your permission, on the ground that Hoosiers rush in where angels fear to tread, is appended a reflection, perhaps sometimes an attempted criticism, applicable seriatim to several of the branches of the admirable exposition. Dr. Guernsey's is all right; even the most rabid anti-vaccinator, "of which I am whom," can indorse all that he says. As to his point about school or health boards requiring a mark on the arm, it may be apropos to say that it can easily be supplied and applied by a little *Nitric acid* on a match, and an eminently proper vesiculation, one that will fool the elect, or appointed, can be similarly produced by *Croton oil* or the introduction under the skin of a little *Tartar emetic*. Dr. Guernsey, however, must have slipped when he says that his symposium contributors were selected because known as good prescribers "who had not expressed themselves on the subject." It is impossible that men who with the vaccination agree right from the shoulder as have these fifteen have never previously expressed themselves along the same line. Indeed, several of them in the symposium itself avow previous fights. Who that has read along this line has not read previously expressed opinions of Drs. Winterburn and Kent, not to mention some of the others? It was no compliment to class them as fledgelings in such a just cause.

Dr. Bayliss does not make himself quite clear in closing, where he says "The virus employed by the public vaccinator is simply small-pox modified somewhat by transmission through the animal. Reynolds's system of medicine asserts experimental proof

“that the two forms are identical, the variola convertible into vaccinia.” Which is he “given us”—small-pox, vaccinia, or one of the “cum” drugs? Who believes the first half of the above quotation? The vaccine makers do not use small-pox matter as their “yeast,” but do use vaccine for this purpose. Cows do not have small-pox. Variolation of cows, though found very difficult many years ago (in the days of Ceely and Badcock, 1840 and 1845), but was done, but all this influence was long ago run out because of the many generations and thousands of “removes” to which the virus was subjected. Dr. Frank Foster, editor of the *New York Medical Journal*, in his article on small-pox in Pepper’s system of medicine, declared that the use of such small-pox-cow-pox virus among children would be nothing less than criminal. Dr. Cameron, of the medical staff of the local government board, declared years ago, in London: “Recent and searching experiment has demonstrated that it (small-pox virus inoculated on the cow) is not vaccine lymph at all, but small-pox lymph, capable of being inoculated apparently with greater safety to the individual than ordinary small-pox, but, like the mildest inoculated small-pox, capable of propagating that disease in the most virulent form of infection.” Dr. George Wyld coincided, saying: “Small pox inoculation of the heifer produces not vaccinia, but a modified small-pox, capable of spreading small-pox among human beings by infection.” Because of these testimonials the use of such virus was interdicted in Ireland by the local government board sitting in Dublin. Dr. Chauven, in his notable address before the French Academy of Medicine, October, 1891, after detailing his elaborate experiments, which had continued for years, concludes: “(1) Vaccine virus never gives small-pox to man; (2) variolic virus never gives vaccinia to the cow; (3) vaccine is not even attenuated small-pox.” This fact was long before reported by the Lyons Commission in the following words: “It is proved incontestably that small-pox can no more be converted into cow-pox by passing it through a cow than by stunting an oak it can be converted into a gooseberry bush.” So let us hear no more about vaccinia being modified small-pox. Vaccinia is more likely modified syphilis, as has been so clearly shown by Creighton (cow-pox and vaccinal syphilis); Crookshank (history and pathology of vaccination); Boens (Brussel’s prison physician records); Levenson (pathological diagnostic table), and other writers, as detailed in my paper, “True Cow-pox a Manifestation

of Syphilis" (*Medical Advance*, January, 1900). The foregoing may also be respectfully dedicated to the two other members of the symposium who in prescribing confuse *Vaccinum* and *Variolinum* and use them interchangeably, as well as to Dr. Butler, who, in his otherwise admirable symposium, thinks vaccinia is "like" small-pox, and consequently homœopathic to it.

If Dr. Dillingham continues to "vaccinate all who come and tell them they are being poisoned," he can soon go a step further and sell *Morphine* or lend his pistol to would-be suicides, though he may not "congratulate" me for telling him so. How will he proceed in his own family in such an emergency? Dr. Dobson, of Connecticut, learned his lesson by the death of his own son.

Dr. Nash cannot be accused of not having the courage of his convictions. The trouble here is that he has too much bad courage not to carry out such good convictions.

Dr. Smith leaves us to infer that we are indebted to an uneducated man by the name of Jenner for the introduction of vaccination. It may surprise him, and some others, if I assert that Jenner did not introduce cow-pox; but that, on the contrary, knowing it worthless, he condemned it in his first and second papers. Jenner's first experiments, on which his fame, or infamy, rests, were made with matter taken from a chancrous sore on a woman's hand! Pearson and Woodville, a London physician and surgeon, broke away from this and introduced cow-pox.

Dr. Thurston hit the bull's eye. Speed the day when every doctor can say so much in four lines of big type and sign his name to it! Drs. Case, Kent, Wesselhoeft and Winterburn are tied for second place on the roll of honor. And I appoint myself a committee of one to thank Dr. Guernsey for his symposium and the *RECORDER* for its attractive presentation.

WM. B. CLARKE, M. D.

New Albany, Ind.

GERMS THE EFFECT NOT THE CAUSE OF DISEASE.

Editor HOMŒOPATHIC RECORDER.

The tide of professional and popular opinion (say prejudice) is so strongly set towards the false light of the germ theory of disease that open resistance on the part of the really scientific members of the profession seems of little use for the present; yet it seems desirable that protest should be entered against each new

phase of the erroneous germ theory as it appears, and as a new fad has just been launched under the auspices of the University of Michigan by Prof. Fk. G. Novy, and has been published in some of the N. Y. dailies of the 5th inst. as a sure cure of typhoid, and as there was also in the N. Y. *Journal* of that date a letter from Dr. Samuel G. Tracy, of New York, warmly endorsing Prof. Novy's alleged "discovery," "because it is so eminently rational," I hope you will admit this protest into your columns.

Dr. Tracy gives reasons for his belief in Prof. Novy's new fad; and that fad and Prof. Novy's reasons betoken on the part of those learned gentlemen a want of knowledge of pathology, of biology and of microscopical anatomy and physiology common among the medical men of to-day, who run off with a *half knowledge*, which is more pernicious than absolute ignorance would be.

Neither pathogenic bacteria nor microbes are the *causes*, but are the *effects* of disease. They are the diseased conditions after "vital unit," which is not the cell but is the microzyma, so named, and their functions discovered by Prof. Béchamp, of the University of Montpellier (France).

Though all the microbes and pathogenic bacteria present in the body affected with typhoid were destroyed, if the conditions which developed them continue the diseased condition of the patient will continue and go on to its normal termination.

It is useless to say more at present.

LEVERSON.

Brooklyn, N. Y.

OBITUARY.

Francis Edmund Boericke.

"All are gone, the old familiar faces."

Thank God for the beneficence of death! Wait until the eye is dimmed, the flesh weary, the retrospect dotted with graves and the shadow is lengthening daily *behind* you; then the supreme beneficence shall appear to you, unveiled and in the *lumen siccum* wherein is never a mocking mirage. Then shall you also know the fervor of an old man's sigh as the sense of the inevitable loneliness chills his failing heart. Yes, yes; solemn praise be unto Him who "is touched with the feeling of our infirmities," who remembered that we are but dust, whose compassion sendeth the

Reliever and the unbroken rest! Hail and farewell, O thou who art set free!

The January RECORDER fell from my hand as the recollection of my first sight of him that was Francis Edmund Boericke shone in memory—and it is so far back that I recall not the year. (I had made my way to Philadelphia to buy one of Zentmayer's microscopes.) Some good genius led me, in my vague wanderings, into his pharmacy, for he was alone then. While "gawping around," as any country doctor would, I saw a German copy of Hahne-mann's "*Kronische Krankheiten*." I asked a man with the brightest eyes I had seen on all that trip the price. "Nine dollars, and it is really worth more than that."

The statement was made in kindly consideration of the clothes I wore, for I was to him an utter stranger. (In those salad days a dollar was as large as a cart wheel to me, and I was never an expert in picking them up!) I had my return railroad ticket in my pocket, and I hadn't much else. I reached home very hungry, but I had the "*Chronic Diseases*" in my hands, and my fast was not a new experience!

Never shall I forget the look Francis Edmund Boericke gave the obscure country doctor as he handed him the parcel. It cannot be translated; it must be seen, and felt, and remembered, and, take my word for it, it will be more to you than a "square meal." You see, the bread of life isn't always made of dough!

It was many years before we met again, and I got to *know* him. I am too much of an economist to do even a superfluous duty, for what is the testimony of anyone to him whose daily life is sufficient—the actual doing which speaks so much louder and truer than any words!

The industry, the enterprise, the probity of the man; the intelligent knowledge of his calling and the inborn detestation of every pretence; he had nothing but these and the world before him. He knew that "*capital*" is not *character*, and there were no compound-tablet enterprises in those days to put the truest pharmacist to the blush or the true homœopathic physician, either! The straight road to Jordan wasn't *macadamized* by the dear old devil then, and yet it wasn't half so "rough" a road to travel as the idle song says.

"Honor, love, obedience, troops of friends"

Came to him, as they ever will to him who earns them; for Life's Vanity Fair isn't *all* tinsel, any "advertisements" to the con-

trary notwithstanding (for the modern advertisement must be read between the lines; then one can tell tinsel from the real gold, every time)!

And at last the evening came, and the shadows deepened, and the sounds of the world's market place died away, and he slept the peaceful sleep of the weary workman; for the supreme beneficence was also his. *Pax vobiscum!*

Oh, that "great majority," how they shine in the lingerer's memory!

"He sees them walking in an air of glory,
Whose light doth trample on his days;
His days, which are at best but dull and hoary,
Mere glimmerings and decays.

Dear, beauteous Death! the jewel of the just,
Shining nowhere but in the dark;
What mysteries do lie beyond thy dust,
Could man outlook that mark!"

S. A. J.

January 31st.

CACTUS GRANDIFLORA.

The following is from *American Medicine* and will be of interest to all who use the drug:

Cactus Grandiflora.—To the Editor *American Medicine*: Under the heading of "Treatment of the sick" in your issue of September 28, 1901, in an article on *Cactus grandiflora* for certain heart affections, we are told to use a fluid extract of it in doses of from 10 to 40 drops, and if it is thought best to combine it with *Belladonna* or *Digitalis*. It is clear to my mind that your editor has never learned this remedy and really has no idea how it should be used. I have used it hundreds of times, and until I learned its peculiarities I had as little benefit as your editor seems to have had; but since I learned the remedy, its capabilities and its peculiarities, I have had admirable success with it. In the first place a fluid extract of *Cactus grandiflora* is substantially useless. In making a fluid extract the real properties of the cactus seem to be lost, or very nearly so. I have found but two preparations of the plant that are efficient, viz.: the expressed juice and an alcoholic (not dilute alcohol) tincture. The first is difficult to get and soon ferments and becomes inert, and hence I always rely on the alcoholic tincture. This *must* be made from the fresh plant, for if the plant be allowed to dry its virtues seem to be lost.

The remedy will not bear mixing with anything. Belladonna or Digitalis, any, or all other remedies, seem to destroy its effects. It must be used alone. The dose of the alcoholic tincture should not exceed one (1) drop,

and I have had better effects from one-fifth ($\frac{1}{5}$) of a drop than of one-drop doses. *Doses of larger than one drop are certain to aggravate the symptoms it is given to relieve.* The above is the result of my practice with this remedy for many years.

Respectfully yours,

J. R. GREEN, M. D.

Chicago, Ill., October 19.

Dr. Green evidently uses a tincture made as the best tinctures of *Cactus grand.* are prepared by the better class of homœopathic pharmacists.

CRATÆGUS OXYACANTHA.

By A. B. Woodward, M. D., Tunkhannock, Pa.

In no article on the new remedy, *Cratægus oxyacantha*, have I seen it recommended for the special conditions for which I prize it most highly. Although recommended in cardiac disease generally, I have found it to be a reliable antispasmodic in special conditions; for instance, in *hiccough*, in the last stages of fatal disease, which is so distressing to the patient and annoying to the friends as well as the doctor.

I will give an instance—a case of dropsy from heart disease. For three days the hiccough most of the time had been most harassing, with pain about the heart of a spasmodic character. After trying all other remedies which in ordinary cases give relief, but which failed in this case, as a last resort I ordered 30 drops of *Cratægus*, given at once in a small swallow of water, with the intention of giving 30 drops more in twenty minutes if no relief was obtained from the first.

In five minutes the hiccough was entirely overcome and did not recur in twenty-four hours. The next day he had another attack which was checked with 15 drops in the same length of time. Three days later, and about three hours before death took place, he was again attacked with hiccough and a death chill with it, which was very distressing to witness, attended with a fear which, to say the least, was awful. I gave him the following: R—Tincture *Cratægus*, gtt. xxx; tinc. *Pulsatilla*, gtt. iij; *Sulph. morphine*, gr. $\frac{1}{8}$. At one dose in a little water.

Was informed by friends that he was easy and able to converse with friends in five minutes, passing away (as the term is used) "peacefully" about two or three hours after taking the above last dose.

Another case—spasmodic contraction of the diaphragm. Patient for a long time had been troubled with tightness of chest and dyspnoea on awakening from sleep. After using *Cratægus* in fifteen drop doses every six hours for five days, his difficult breathing was completely cured, and with it an intermittent pulse which had existed for three years.

I have administered it in many other cases that might be mentioned which would go as proof of its antispasmodic properties of a special merit.—*Eclectic Medical Journal*.

WOOD ALCOHOL AS A REMEDY IN AMBLYOPIA.

The following from *Medical World*, December, by Dr. H. T. Guss, of Washington, together with the paper published in the *RECORDER* for May, strongly suggests *Wood alcohol* as a remedy in amblyopia and affections of the sight. This is from the *World*:

“It is only within a comparatively recent period that any number of cases of poisoning by *Wood alcohol* have been reported. Nineteen cases of serious poisoning by this agent were collected in October, 1899, by my colleague, Dr. D. M. McPherson. I have analyzed these nineteen cases as follows: Eight died (nearly all within one or two days), and of these, two were known to have become blind while yet conscious; two were ‘incapable of recognizing either persons or things only a few feet distant,’ although their speech was ‘quite coherent;’ one ‘was totally unconscious and died within a few hours;’ two died within twenty-four hours, but it is not stated whether or not they were conscious or blind; and it is stated that the eighth did not complain of any trouble with the eyes. Of the eleven who recovered from the immediate toxic effects, five became totally blind, one was reported as nearly blind, one as having been temporarily blind, and four appear to have recovered without any reported disturbance of vision. It thus appears that blindness occurred in at least eleven of these nineteen cases, being practically complete and permanent in ten cases, counting those who died; seven of the eleven who survived were affected, either permanently or temporarily. About fifty-eight per cent. of the nineteen cases were affected with blindness; about twenty-six per cent. were apparently not so affected; the remainder, about sixteen per cent., may be classed as doubtful. The fatal cases were about

forty-two per cent. of the whole number. About sixty-three per cent. of the others were affected as just stated. All of these cases appear to have been fairly attributable to the use of *Wood alcohol*. The high percentages of deaths and of permanent blindness are truly alarming.

“Several other cases have since been reported in different journals, and the matter has been discussed by different societies. About a year ago a number of cases were reported sensationally in the daily papers, and suits at law for heavy damages are now pending against one or more large concerns, being charged with using *Wood alcohol* in the preparation of extracts, etc., the consumption of which appeared to be the cause of death or blindness. Doubtless many cases have occurred without being properly recognized. Only last week I chanced to find a report of ‘two cases of amblyopia following the use of *Jamaica ginger*,’ which report fully corresponds with the reports of cases due to *Wood alcohol*; so it is probable the toxic effect in that instance was due to the adulterated menstruum.

“It would require too much time and space to attempt an analysis or citation of the other reported cases. It is probable the percentages given above would be found nearly correct in a larger series.

“The important matters of especial interest to the public and to the general practitioner of medicine are, first, the extensive and increasing use of *Wood alcohol* in various ways, whether legitimate or of doubtful propriety; and, second, the apparent fact that the ingestion of a single excessive quantity of *Wood alcohol*, or even the continued inhalation of its vapor, can produce amblyopia or permanent blindness, if the effect is not immediately fatal.

“The symptoms most usually observed in cases which did not prove fatal were those of acute gastro-enteritis, gastric pains, vomiting, headache, vertigo, delirium and more or less unconsciousness or semi-consciousness for a variable period; at the same time the pupils were widely dilated, and there was loss of vision in both eyes, generally complete within 24 or 48 hours. After a few days there was usually a gradual return of visual power to a limited extent; then there followed a gradual failure, generally resulting in permanent blindness. No other gross permanent lesion appears to have been noted.”

SABAL SERRULATA AND AVENA SATIVA.

Sabal serrulata or saw palmetto is a remedy that has come into very general use in the last few years in the treatment of diseases of the prostate gland. It was recommended at first as an agent that would invariably reduce the hypertrophied organ; but subsequent observation has proven that too much in this line was claimed for it. Where the organ has been chronically enlarged, the reduction is not plainly apparent, but it does increase the general tone and overcomes existing irritations. This influence is very apparent and in many cases very satisfactory; at the same time it increases the functional power of the organs, tending towards the restoration of the function in those cases where there has been more or less impairment. My observation proves that it will reduce the enlarged prostate where the disease has not existed for a great length of time. In all recent cases I have had very satisfactory results—so satisfactory that I have not always been able to induce the patient to continue the use of the remedy long enough to make the influence permanent, and have often had relapses that would not have occurred if I could have persuaded the patient to continue the use of the agent.

I would not fail to use it in the old standing cases, but would not promise such satisfactory results. That it does restore the tone of the sexual apparatus and overcome impotency I am confident.

I have often obtained excellent results from its use when given alone, and have, at the same time, obtained good results from the use of *Avena sativa*, but with neither remedy alone have I obtained as good results as with the two in combination.

I believe that the remedy influences the general lymphatic system to a limited extent, but especially influences the kidneys and bladder. In acute nephritis and in acute or chronic cystitis I would expect excellent results from the use of this remedy.—*Finley Ellingwood in Eclectic Review.*

“THE reason why *Apocynum* so frequently fails is because pharmacists fail to recognize that there are two varieties of *Apocynum* and often substitute the *Apocynum androsemitifolium* for the *Apocynum cannabinum*.—*Dr. H. A. Hare.*

BOOK NOTICES.

Leaders in Homœopathic Therapeutics. By E. B. Nash, M. D., author of "Leaders in Typhoid" and "Regional Leaders." Second edition, revised and enlarged. 420 pages. Cloth, \$2.50; by mail, \$2.75. Philadelphia: Boericke & Tafel. 1901.

The first edition of this book appeared in October, 1899, and its sterling merits were at once recognized by all who are interested in homœopathic therapeutics. The great success conclusively demonstrated that the croakers who croak "Homœopathy is dying out!" "Homœopathy is dying out!" know not whereof they croak. The second edition of the book contains about 40 pages of new matter, and treats of twelve new remedies. "I believe in the Homœopathy taught by Hahnemann, and that is what I purpose to proclaim." That, from the preface to the second edition, is the keynote of the book. Said a seller, the other day: "I've often noticed a man pick up that book, open at random, read a few lines, then look around for a chair and sit down. The result always was 'Wrap that up; I'll take it with me.'"

Dr. Atul Krishna Datta's Twenty Years' Experience of Diabetes and Its Homœopathic Treatment, with an introduction by W. Younan, M. B., C. M. (Edin.). 199 pages. Cloth. A. K. Roy & Co., Calcutta. 1901.

Dr. Datta says: "Whatever may be the origin of diabetes, the author's experience of a very large number of cases has convinced him that it is as amenable to proper treatment as any other disease. This will appear from the history of the few very bad and typical cases, which, out of a very large number, have been noticed in this little volume." The treatment is soundly homœopathic. Some of the remedies that are reported as proving curative are *Phosphoric acid*, *Lactic acid*, *Carbolic acid*, *Nitric acid*, *Acetic acid*, etc., but the treatment is not confined to the acids, though they play a leading role.

Index to Homœopathic Provings. By Thomas Lindsley Bradford, M. D.

Dr. Bradford has increased the debt which his generation owed him for his *Homœopathic Biography* by the production of this *Index*. The mass of drug-provings may perhaps be quite as large as is necessary; perhaps, indeed, it contains much which the world has shown a readiness to "let die." A good deal of what has been written might, in view of the many not unreasonable people, be substituted by provings of quite another nature. But an index which will guide the student to all known provings of a drug at first hand is a desideratum more keenly felt than the dubious want supplied by many a hand-book or compendium of "essentials."

In the nature of things, Dr. Bradford's book is one which few will find it necessary to read from cover to cover; but the man who wishes to get up all that is known concerning a drug will find it a great saving of labor and will bless the author for it. We wish that the output of provings in the immediate future may make a new edition of the *Index* necessary at no distant date.—*Monthly Homœopathic Review*.

Regional Leaders. By E. B. Nash, M. D.

Readers of Dr. Nash's two previous works, *Leaders in Homœopathic Therapeutics* and *Leaders in Typhoid*, need no information that he is a thorough-going champion of strict Homœopathy, and the present volume will add to their conviction on this point.

The work under notice might at first sight (but unjustly) appear to lie open to judgment as a mere *réchauffée* of detached symptoms; but a very short study of it is a sufficient defence. Its reason for existence is sound, and a brief experience of its methods will either cheer or humiliate the student. It gives symptoms under regions of the body, the pathogenetic agent being in the margin. The book is accompanied by a neat aluminium book-marker, innocent enough in appearance. This book-marker being just equal in size to the margin of each page, is a convenient instrument for momentarily concealing its contents. Taking page 55, at random, we come on the following symptom: "Eyes injected, protruding, look wild, pupil dilated, objects dance before them with every pulsation." The removal of the aluminium strip reveals "*Glonoin*" as the drug which will cause such a condition,

and a moment's thought explains how it will do so. But the problem in "similarity" is set just as it might be by the observation and statement of a patient in the consulting-room. Was the correct drug suggested to the mind before its printed name was seen? "I believe," says Dr. Nash, in his preface, "that if no student should be permitted to pass out of our colleges without passing at least a ninety per cent. examination on these leading symptoms, that the cause of pure Homœopathy would be greatly advanced, and that our art of prescribing, which is the only thing that makes us distinctive as a school of medicine, would be rapidly and immeasurably improved." 'Tis a hard saying, all the harder because it has truth in it.

We believe that in general medical education, in all that contributes toward correctness in the diagnosis of disease and toward the recognition of the pathological condition underlying the disease, this generation attains a standard commensurate with the pains which have furthered medical progress in our time. Can we, on the other hand, claim that in "the only thing that makes us distinctive as a school of medicine," the diagnosis of the remedy, we have advanced in precision as compared with our predecessors? It is a serious question, and Dr. Nash's book-marker will shrewdly help every earnest enquirer to the answer.—*Monthly Homœopathic Review*.

Enlarged Tonsils Cured by Medicine. By J. Compton Burnett, M. D.

The perusal of this little book will do many of our younger colleagues good in more ways than one. Dr. Burnett believes that the tonsils have an important function to perform in the human economy, and the first duty of the physician is to preserve them as fully as possible. He also teaches that, in the majority of cases of enlarged tonsils, well-directed homœopathic treatment is capable of restoring them to their normal condition and function. Among the older homœopaths this is no new thing, and its truth has been demonstrated in thousands of cases. Among the younger fry, however, the opinion prevails that "the easiest way is the best way," and that the immediate removal of enlarged tonsils is scientific and legitimate on all occasions.—*The Critique*.

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EDITORIAL BREVITIES.

OUR MATERIA MEDICA.—At a meeting of the Boston Society, reported in the *New England Medical Gazette*, Dr. H. E. Spaulding intimated that the Materia Medica is all right, but men will not study it. He cited three eyelid symptoms under *Sepia*, and said that had one of them been left out it would have lost him a case. Yet this symptom was “red eyelids.” Apparently “chaff,” yet gold to those who know how to use it. Homœopathy is quite a lusty body built on that Materia Medica so much criticised to-day. Improve it by all means, but why not stop giving the impression that it is nothing but antiquated rubbish? This never-ending carping hurts Homœopathy more than all the allopathic attacks ever made, or that ever will be made.

“SCIENCE” AT A DISCOUNT.—Living, as I do, in the vicinity of a super-scientific medical college, I am moved to ask you to publish the enclosed clipping from a newspaper, for the benefit of whom it may concern:

Dr. Max Kuhlmann, the noted German specialist, declares that half the population of Europe, including royalty, are addicted to faith cures and quack healing systems. Dr. Kuhlmann asserts that medicine is losing ground among the so-called intellectual classes, and that now-a-days no kind of unorthodox cure is too ridiculous to secure support from titled persons. Dresden is declared to be the hotbed of quack medicine ideas. The best society of that city is said to believe in the curative abilities of magpies' eyes.

Isn't the infidelity of the “intellectual classes” a legitimate outcome of “science” and coal tar derivatives? When there is a coal tar “ine” for every ill, where is the need for doctors? Can't an “intellectual” person prescribe for him, or herself? *Q.*
E. D.—S. A. J.

CARBUNCLES AND BOILS.—I had a patient, a woman, with a very bad carbuncle. Put her on *Echinacea* and never saw a remedy act better. Since then I have used the remedy, 2d or 3d potency, on all carbuncles and boils and the results were all that could be asked for.—T. L. B.

THE OTHER WAY.—Dr. Frederick, the Cleveland health officer, says that from January 1 to July 21, 1901, there were 1,223 cases of small-pox. He ordered vaccination stopped on account of the tetanus cases, and went to fumigating and cleaning. From that date only seven new cases developed. Dr. Frederick says that his order to stop vaccination "brought down on my head a storm of protest."

HOMŒOPATHIC TEXT-BOOK OF SURGERY.—The publishers of this well-known and valuable work, representing, as it does, nearly all the leading surgeons in Homœopathy, have reduced the price to \$5.00. Surely a low price for a 1,661 page book with 23 colored plates and 1,102 illustrations.

ANOTHER JOURNALISTIC CHANGE.—The bi-monthly *Cleveland Homœopathic Reporter* has been changed to the *Cleveland Medical and Surgical Reporter*, and will be published monthly.

"THE PASSING OF THE SECTS."—The *Cleveland Journal of Medicine* says: "Evolution is inexorable, Homœopathy has contributed its mite to medical knowledge, but modern medicine is catholic, and has no time to discuss speculative theories of treatment." As Homœopathy's "mite" is a law of nature, let us hope that in time our "regular" friends will evolve up, or out, to it. In the meantime it will be operative quite regardless of what men, or editors, say.

M. D.—D. D.—Cleveland's now famous health officer recently filled the pulpit of a Cleveland church and talked on contagious diseases. This talk took the place of the pastor's sermon: "Cleanliness is next to godliness."

THE VACCINE WAR.—What is our old friend, the Earnest Seeker After Truth, going to do in the matter of this vaccine war? He is told by the fathers of medicine and the guardians of the public welfare that it is his duty as a good citizen to be vaccinated. Very well, but here is a prominent vaccine maker deluging the country with leaflets telling him that "All the *germs* and *inflammatory product* which are *necessarily* present in and

about the vaccinated area of the heifer are, *from very necessity*, transferred to the ivory point. Consequently vaccine points can *never* be absolutely *free from germs* and dangerous foreign material (necrosed tissue).” *Per contra* he is told by other manufacturers that glycerinated lymph is a serious source of “*infection*,” “*tetanus*” and abnormally sore arms. What is poor E. S. A. T. to do?

A NEW EXCHANGE.—The “Chikitsaka-o-Samalochaka” has reached our desk. No doubt an excellent journal, but what it is all about is difficult for occidental eyes to make out.

AN ASTHMA REMEDY.—The clinical history of *Grindelia robusta* turns around asthma and its allied affections. For there it comes as near being a specific as it is possible for any remedy. It will afford relief in all affections of the air passages. Chronic bronchitis, bronchorrhœa—perhaps better classed chronic pneumonitis—when associated with asthmatic paroxysms recurring at night, or on slight exertion from exercise, will be much improved by the use of *Grindelia robusta*. It will also benefit those patients whose colds always take the form of asthma or dyspnœa. In these latter cases I would suggest not only the internal use of the drug, but an inhalation of the *Grindelia* as well—say, one or two drachms in a pint of boiling water.—*Dr. A. W. Forbush, in Eclectic Review.*

MORAL?—The *Medical Age* man writes: “The speculating fever is evidently one from which doctors are not exempt any more than other mortals. It is calculated that in the recent slump in stocks the physicians of the country lost more in forfeited margins than would have been adequate for providing and endowing a home, which would have taken care of them in old age.” It must have been the rich specialist or the prosperous country practitioner.

IT HAS NINE LIVES.—Those venerable figures about 23,000 unvaccinated French soldiers dying of small-pox during the Franco-German war, bobs up again, and this time in the *Medical Record*. About six months ago the London *Lancet* published them and then apologized for doing so in the following words: “We regret to have published them, as their falsity has been established.” However, they will continue to appear, we suppose, in the writings of those whose reading is not very wide.

A NEW MICROBE.—A California scientist has discovered the bacillus of "love;" he can inoculate anyone with it, no matter how old, and the person at once becomes a veritable Romeo or Juliet.

HORSE COLIC POINTERS.—"In colic, if the horse lays his ears back, is cross and spiteful, and kicks his stall, I give him *Nuxvomica*. If he draws up his legs and abdomen, *Colocynth*. If he lies down, tries to roll, gets up, looks at his sides, lies down again, etc., *Arsenic*. I once gave *Arsenicum* to a horse who had lost much flesh, was very weak, no appetite, very bad breath, dry muscles and who would often suddenly drop to the ground; he improved rapidly and owner traded him off and I lost sight of him. *Arsenicum* will also cure grease heel in horses; give it night and morning."—*Dr. Thomas Young, Columbus, Ohio.*

DR. LAWRENCE'S BOOK.—The *Medical Record* has this to say of *Practical Medicine*: "The author claims for this volume its adaptation only to students and not to advanced workers. It gives, in a well-ordered and condensed manner, all the main facts connected with the more common diseases, and lays special stress on pathognomonic symptoms and diagnostic laboratory procedures. In introducing each section on the special systems, the main questions to be asked of patients are given as useful hints to the beginner. The treatment includes most of the well-recognized procedures of both schools of medicine."

THE OLD GUARD.—The next annual meeting will be held in Chicago in June. "The membership shall include Homœopathic physicians who have been graduates in medicine for thirty years. The oldest member present shall preside." The object of this organization is to guard Homœopathy and to advance the cause. At the last meeting it was voted that each member should write out for publication: "How I Became a Homœopath," and send it to the secretary. It was also decided that each member be requested to give his experience with our various remedies in a treatment of disease, according to Similia, taking Jahr's "Forty Years' Practice" and Bayes' "Applied Homœopathy" as guides. These experiences are to be published for the benefit of their less informed brethren in such medical journals as the members may elect. In reply to inquiries it may be said, that any earnest,

reputable homœopathic physician, anywhere above the age limit, may apply for membership.

Yours for the cause,

———, President.

W. W. EASTBROOK, M. D. (47), Vice Pres.

J. M. GROSS, M. D. (50), Treasurer.

T. C. DUNCAN, M. D. (66), Secretary.

100 State St., Chicago.

NEWS ITEMS.—Dr. J. C. French, of Natchez, Miss., was "Rex" in the recent Mardi-Gras celebration in his city.

Dr. A. A. Goldsmith, of Eagle Grove, Ia., was a late Chicago visitor.

Dr. N. A. Davis, one of Indianapolis' flourishing physicians, is frequently called to his old home, at Frankfort, in consultation.

Dr. and Mrs. H. A. Adams, of Indianapolis, Ind., are nicely settled in their new home. Dr. Adams in his special work, of Eye and Ear Diseases, is one of the busy men of his city.

Dr. Jas. Andrews, late of Edna Mills, Ind., has returned to his former field at Frankfort, Ind.

There is a rumor that Indianapolis doctors are contemplating establishing a Homœopathic College in their city.

Dr. R. L. Stein, for many years a practitioner in South Bend, Ind., is now located in Los Angeles, Cal.

Dr. W. J. Hawkes, author of Hawkes' Characteric M. M., makes his home now in Pasadena, Cal., with an office in Los Angeles.

Dr. Schneider, of Garner, Iowa, reports a scare in his county because a rabid dog had bitten a number of people and hundreds of other dogs. The patients are taking the Pasteur treatment.

Drs. H. L. and Ida Stambuch and Dr. E. T. Balch, of Santa Barbara, Cal., are three leading physicians who have made Homœopathy very popular in their town.

PRACTICAL MEDICINE.—In a notice of *Practical Medicine* the *Clinical Reporter* says of the author: "His aim has been to condense and not elaborate, to crystalize ideas, not expand them, to present clear-cut conditions and their treatment, to put into easily assimilated form the essential facts in the practice of medicine."

PERSONALS.

Dr. S. C. Whitcomb has removed from Topeka to Addington, I. T.

Whether you talk of vaulting ambition that o'er leaps itself, or of biting off more than you can chew, it amounts to about the same thing.

A penny saved is a penny earned, but a penny spent is a penny enjoyed.

Yes, Mary, when a Peruvian dog barks it is certainly Peruvian bark. You are becoming—well!

Have you seen the new Cat book published by B. & T.? It's a daisy.

"Homœopathy is spreading silently in channels which will finally convert the world."—*Helmuth*.

"Papillæ are elevations that rise up," sayeth Hala, according to the *Chironian*. Well, that's so.

FOR SALE. The practice, office outfit, etc., of a physician lately deceased. Located in a Kansas town of 7,000 inhabitants. Practice established twenty years. For sale, cheap. A good opening. Address C. H. Newhall, First National Bank, Chicago, Ill.

A writing of sustained interest is a note you cannot pay.

"The Great White Plague" is sensational but not very scientific.

Dr. Amasa S. Hawley, Salt River Valley, Arizona, says that region is the ideal winter resort.

Dr. Lawrence's book, *Practical Medicine*, seems to be that rather rare bird that fills "a long felt want."

Some books experience a long felt want of purchasers.

Practical Medicine, with a running mate of Dewey's *Practical Therapeutics*, makes a fast team.

Yes, Mary, when a girl's mouth is "a perfect cupid's bow" it isn't nice for her to "shoot it off too much;" but your language is a little crude, don't you think?

Kleptomania, said the professor, is a "touching" disease.

The *Critique* comes along in a spic span new cover. A decided improvement.

Dr. Welch, of Philadelphia, says that a successfully vaccinated person may, without danger, sleep in a small-pox hospital and mix with patients.

Dr. Reynolds says, "*Repeat* vaccination until susceptibility to vaccine is exhausted."

The Old Bible says that pestilence follows war, and does not seem to know of any prevention save not to have any war. Out of date.

No, Mary, a bank teller is not a "mean old gossip."

Subscribe for the RECORDER.

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No. 3

A CARTRIDGE THAT NEVER WENT OFF.

[Something more than a quarter of a century ago I spent a great deal of my time in the company of a middle-aged man whom the wrath of the gods had inviegled into the occupancy of a chair (a rather hard-bottomed one, too) in the ever-famous University of Tweedleedum. Not being much of a broncho-rider, he was unseated by the *finesse* of some creatures with far longer ears than his own,—for the auricular appendages of the *genus Homo* are not the fashion in the University before mentioned; and that is why the cartridge did n't go off.

If this old-fashioned cartridge had had a fuse, I should say the *wind* had blown it out; for the University of Tweedleedum is noted for its windiness. To-day it is as full of wind as a baked-bean dinner; and for “germs,” with the name blown in the bottle (for none of the wind is allowed to go to waste), it has but few equals and no superiors—always with the possible exception of Noah's Ark. If Noah had but “taken stock” of his collection, of a surety the U. of T. would have made him hunt his hole in despair; for what he *had n't got* the scientists of Borborygmi Laboratory (so named in memory of a remarkably flatulent regent) could *manufacture to order* on the shortest notice. Poor old Noah was n't “in it” half an inch! I am glad *he* is “where the wicked cease from troubling, and the weary are at rest.”

At the period of which I am the veracious historian, a load of average-sized pumpkins could be delivered in the market, as “doctors,” in two six months' courses, and this without starting the sweat, unless some unfortunate pumpkin got into a warm place,—as now and then a green pumpkin will. Now, with the same brand of pumpkins, but hyper-scientific professors, it requires four courses of nine months each; and never a pumpkin is over-

done, though now and then a *professor is*, for such manufacturing necessitates some pretty tough manipulations. And a stern chase after a germ that has n't been spavined by overcooking is calculated to bring on that "tired feeling," which no professor ever relieves with a "drink." Perish the thought!

In that early day, the U. of T. did not teach Political Economy, but it was *practised*; for the professor of *Materia Medica and Hypothesis* lectured on those branches for three solid months, and having got his "second wind," put in the other three as the *Professor of Physiology*. The "course" in *Physiology* was short and sweet, sure enough; but its stunning novelties more than made up for its brevities. Had there been any wireless telegraphy in those days, Claude Bernard had died from either envy or appendicitis; unless, indeed, his vermiform annex had been brought up in a "religious neighborhood."

Thus it came that a homœopathic professor was moved to "sample" some of the physiological stuff that threatened to tie up the tender bowels of his class in dangerous kinks; for the regular dealer-out of the same never dared to sample the soup. He simply read the label on the can, and the contents went for all and even more than they were worth. Ah! how those Arcadian days shine in the mellow moonlight of Memory. But, alas! the two (for one followed the other) hermaphrodite professors paid the penalty: both are dead—yet they stood it a remarkably long time! If the homœopath's cartridge had gone off, perhaps it would have done the business for him also: who knows?

However, in tender recollection of my old acquaintance, I print the text of his cartridge; and I will give a passable, second-hand, tooth-cleaning fountain syringe to whoever guesses the closest as to its real worthlessness; or, if preferred, a sample bottle of a million-dollar "compound tablets." If the winner has no life insurance to set up his widow's second husband in business, I would recommend the syringe—there's more fun in it.]

"The Noblest Tissue."

"In the chapter introductory to his 'Physiology' Professor Michael Foster gives a 'Classification of the body into the following fundamental tissues:

1. The eminently contractile; the muscles.
2. The eminently irritable and automatic; the nervous system.
3. The eminently secretory or excretory; digestive, urinary, pulmonary, etc., epithelium.

4. The eminently metabolic; fat cells, hepatic cells, lymphatic and ductless glands, etc.
5. The eminently reproductive; ovary, testis.
6. The eminently indifferent or mechanical; mechanical, cartilage, bone, etc.'

"I was never so thankful for a mere 'etc.,' and this list, you will have observed, furnishes two of them. Perhaps we shall find need for at least one of them.

"They have lately 'revised' the Bible, but I am glad to find that they have done no violence to the physiology of the august Hebrew Law-Bringer. They have even intensified it by giving his teaching greater clearness.

"As you are latter-day medical students, I am inclined to surmise that you are not unduly familiar with the Book referred to in any version, and to save you the trouble of *borrowing* a Bible, I shall quote two short phrases, so as not to tire you, from the ninth chapter of Genesis: 'Flesh with the blood thereof, *which is the blood thereof.*'

"If you should happen to find a Bible, you will see that the latest translators have put the words, 'which is,' into italics. Those words are implied in the Hebrew text; the genius of our language demands the statement of them in order to convey the full sense of the original. The translators put them into italics to show that they are intercalated words. Physiology also teaches that these words should be italicized, for of all flesh the blood *is* 'the life thereof.'

"The blood is also a tissue; yea, even a 'fundamental tissue;' and Professor Foster's classification is like the play of Hamlet *minus* the melancholy Dane. But it is from an oversight that this tissue, which is the sustainer of the other tissues, yes 'the life thereof,' is omitted from his classification, for, in the first chapter of the book proper, Professor Foster writes: 'Blood is a tissue of which the corpuscles are the essential and active elements, while the plasma is a liquid matrix.' Most assuredly, we must, then, introduce this tissue into Professor Foster's classification.

"I do not clearly see how we can make use of either of his 'etc.s,' for I am not ready to call the blood 'an eminently secretory or excretory tissue,' and, therefore, to put it into Professor Foster's Class 3, or to consider it only as 'an eminently metabolic tissue,' and, therefore, to relegate it to his Class 4,—and this

because I hold it to be all of these and much more. I should rather place it at the head of the list and call it the eminently nutritive tissue, and, in fact, *The Noblest Tissue*.

"It is also the mysterious tissue; yes, the eminently mysterious tissue,—for of all the mysteries of Life, it is, perhaps, preëminent.

"My memory takes me back to the little office of a 'country doctor' in a foreign land, for I believe New Jersey is considered 'out of the Union.' It's a good place, nevertheless. The said 'country doctor' used to beguile the long hours in which a young doctor has to wait for 'practice,' by researches that had, indeed, 'no money in them,' but something that money cannot always buy, omnipotent as some consider it.

"He bred the larvæ of the blowfly to study its development under the microscope, using a fresh specimen every day, as each day the same hatch grew one day older, and, therefore, one day farther developed. Surely, it is a more than marvel to see a row of cells join end to end; to see the partition at the meeting—ends gradually absorbed to form at last an *open intestinal tube*: as they verily do. To sit up late night after night over a well illuminated microscope 'field,' and watch the awe-inspiring transformations until one feels that if he could only see one remove beyond the 'field' of the microscope he should then discern the Hand of the Infinite Creator *at work*.

"O you young 'country doctor,' far removed from the temptations and the gilded bedevilments of the shining city, there is all this unspeakable delight for you, too; for he of who I now make mention was not specially favored—it was only 'a way he had' of passing the time without *killing either it or himself*.

"But a more miraculous spectacle awaits you, if you engage in a similar pursuit. It is to behold the first blood that appears in the almost rudimentary heart, as if some great magician had said, '*Presto, change!*' and then it *appears*. How or from whence, I shall be thankful if any of you will tell me, for I failed to learn.

"Larger and larger grows the little pink dot, until at last it sets out upon its wonderful journey, which is to burrow its silent way into every organ, every tissue, every nook and cranny in the living organism. And not only unerringly to *find its way* without faltering or going astray, but also to *build* the containing walls of every artery and vein, through which the pulsating heart shall send the nourishing and reinforcing fresh blood-supply. Think for a moment of this astounding achievement, and please

tell me what intelligence directs, guides, inspires each tiny red blood corpuscle!

"Perhaps when you have told me this secret of Nature, I can listen in patience when you demolish Hahnemann's 'Dynamization Theory.' Until then: Keep discretely silent, for I can go to the family nursery when I want to hear the babblings of infancy!

"But I have mentioned the blood as the eminently nutrifying tissue. Even this broad definition will fall short unless you duly consider what nutrition implies and includes. If you are properly informed, you will see that this 'floating tissue,' as it has been called, performs more functions than any other tissue in the Fosterian classification. It must elaborate, and carry thither, the food for every other tissue in the organism; thus serving as both cook and quartermaster!

Remember, also, how complex is the elaborating process, and bear in mind that the *rôle* of the blood in the respiratory field is but one act of the physiological drama in which it plays so many and so varied parts. It was just mentioned as both cook and quartermaster because it both prepares the food and delivers it for use. Well, it is even kinder than all the other tissues, for it serves as cook, quartermaster and scavenger; and, as scavenger, it does duty for both the chambermaid and the night-soil man. It not only *carries* to the tissues but also *bears from them*. It, the noble tissue, is the bond slave of every other tissue; it performs the most menial of services for them; it removes the *exuviae*.

"It is often treated most scurvily by the very tissues which it so faithfully subserves. For instance, the gastric glands, like honest Joe Gargery's wife, get 'on the rampage,' now and then, and with a riotous luxuriance, manufacture an excess of lactic acid; so doing, as it were from what is so graphically called 'pure cussedness.'

"The poor bond slave of the tissues takes up this noxious product along with any and all other perversions. But, alas, there is a deadly inimicability between this lactic acid and the fibrous tissue. A 'row' begins when the blood brings that mischief breeder into its domain; and the learned men who christen *diseases* call that particular row 'Inflammatory Rheumatism.' The blame is laid upon the blood,—and that is about as justly as most things are done in this rare world of ours.

"It really would appear as if there are times when, to use the expressive vernacular of the street, these tissues of ours are 'spoiling for a fight.'

"Let me 'rise to explain.' One would at first thought conclude that an excess of lactic acid in the blood, from such absorption, should always lead to an explosion of 'inflammatory rheumatism,' and this because an excess of lactic is a definite condition. Now that may be a sort of logic, such as revisers of the *Materia Medica* cultivate, but it isn't experience. Not a bit of it. Suppose this excess of lactic acid occurs in the organism of a child which is poorly fed, inadequately clothed, and housed in a damp and cold dwelling. Is the ultimate result an attack of rheumatism? Not necessarily. If that child lives in a territory which has a humid atmosphere, the outcome is rachitis. The 'row' is between the bony tissue and the lactic acid; it isn't the acid 'agin' the fibrous tissue. It is, indeed, a quieter 'row,' but the results shall follow that unfortunate child to the grave. If the child is a girl, a deformed pelvis may make motherhood a Moloch for her.

"Again, that excess of lactic acid may occur in a pregnant woman. Shall we have now rachitis, or rheumatism? Perhaps neither. We may have, at first, pains in the extremities, a *quasi* "rheumatism." These pains increase in severity until they disable. Then matters grow gradually worse; absolute invalidism supervenes; then some trivial accident occasions a fracture of some of the long and hollow-shafted bones; then the perplexed, but only half-baked physician begins to suspect *osteomalacia*. The poor victim slowly, oh, how slowly! becomes a shapeless heap of ruined humanity and of suffering humanity; and, at last, beneficent Death brings release.

"I have drawn these hurried and rough sketches to show you that neither *Humoralism* nor *Solidism* have all the truth, although both have some truth. Perhaps you are not aware that there was a period in the history of Medicine when what are to-day called "pathologists" ranged themselves under the red banner of *Humoralism* or beneath the black flag of *Solidism*. One party declared that all diseases had their rise in the fluids of the body, and notably in the blood as the chiefest fluid. The other side as dogmatically declared that all the ills which flesh is heir to originated in the condition of the solids,—meaning the tissues of the body.

"The fight was a purely 'regular' one; it wasn't as destructive as it profitably could have been,—and in just such a boggy quagmire our much vaunted 'Pathology' has its tap-root: May its shadow never be less!

“When an excess of lactic acid gave rise to inflammatory rheumatism the fibrous tissues must have been so *conditioned* as to enable such a result; when rachitis occurred the osseous tissue must have been so *conditioned* as to determine that special result; when osteomalacia supervened, what was it that *occasioned* that peculiar termination? Was it the *condition* of the pregnant woman's osseous tissue; did the foetus abstract so much of the lime salts that her own bones offered less resistance to the assault of the lactic acid?

“These are the occult problems that Pathology cannot solve; and her arrogant devotees will hide their heads when *they get large enough for the sunlight to ‘tell’ on them!*

“Do not understand me as one who would scoffingly condemn the endeavor of the mere pathologist to solve such problems. I recognize in many a one of them an earnest Ajax, praying only that he may be permitted to ‘die in the light.’ I am obliged to recognize in so many others of them only the futile attempts of a semi-intelligence to twist a rope out of sand,—more power to their elbows! But, with all that in me is do I loathe and abhor that vain conceit of too many of them which is forever the ‘birth-mark’ of the *pseudo*-scientist.

Meanwhile, I trust you have caught a glimpse of the hint which I wished to give, namely: The blood plays an important pathogenetic rôle not only in what it *conveys* to the tissues, but also in what it *carries from them*; that not only the *constitution* of the blood, but also the *condition* of the tissues are factors in disease.

In the subsequent lectures I shall treat of —.”

[Alas! man proposes and the devil disposes—of both him and his best intentions. The gun was spiked; the cartridge never had an opportunity to explode,—and they whose long endeavors brought about this frustration were professedly *homœopathic* professors; and the little man with the spiked gun was in the very front rank of the “firing line.” “*Credat Judæus!*”

The cartridge that did not go off was found the other day in looking over some old papers which I inherited from the middle-aged man whom I knew so well. I thought it might not wholly disgrace his memory, albeit its “pathology” is more than a quarter of a century behind the clock.]

S. A. J.

SOME ITEMS OF EXPERIENCE.

By Z. W. Shepherd, M. D.

In these days of *higher criticism* (medical as well as theological) which means only *lower skepticism*, it is inevitable and necessary too, that there should be some old fogies who know what and why they believe in "Similia Similibus Curantur" (with an "a" in it if you please, Mr. Editor). I am nearly 64 years old, thirty-four of which years I have used in demonstrating the law of cure, and I repeat now what I have said very many times in the past that the law is infallible, but our ignorance sometimes causes a failure, not of the law, but its application, *i. e.*, we fail to find the similitum, so fail to cure. I confess to a feeling of weariness to read from the pen of some one who was born since I began the practice of Homœopathy, that no reliable pathogenetic symptoms can be found in the use of a remedy above 12x. I will relate a case in my own practice only recently which I would ask some of these astute modern neophytes, who are anxious to carry us back to the flesh pots of Egypt (physiological medicine), to account for.

A Natrum mur. Headache.

I was treating a gentleman for chronic effects of la grippe, when calling upon him one day I found his wife with head bandaged suffering with an excruciating headache. Mr. B. said: "Doctor, I wish you could give my wife something to stop these headaches, it makes her so cross and irritable." On careful questioning I elicited this one keynote, "very fond of salt." Her husband said: "He couldn't get any vinegar pickles for his own use for his wife would eat them out of the salt brine." Without saying a word as to the purpose or symptom I prepared a powder of *Nat. mur.* (Boericke & Tafel's 200th, in my case for fifteen years), and said, "Take this dry on your tongue." She complied, and nothing further was said. About a week after she said to me: "What in the world was in that powder you gave me? I haven't had the headache nor eaten any salt pickles since then, and I have no desire for them." There was no "suggestion" about it, for I made none, only as to the probable relief of the headache. Dr. Saml A. Jones would say (with Hahnemann, Hempel and the host of heroic homœopaths of the past and fast passing generation): "It was the properly selected remedy that

did it." Let any of the materialistic brood who are ashamed to call themselves homœopathic physicians account for the result in any other way, or try to produce the same or like results by your 5 to 30 drops of *θ*, or 10 to 20 grain doses of some coal oil product.

A *Nux vomica* Case.

Another case, Mrs. M., æt. 74, very corpulent; had been by allopathic and patent medicine under drug influence for more than a year; treated for chronic liver complaint, now has (April, 1900) constant pain in stomach, irritable, despondent while telling the rest of her symptoms. I prepared a small powder of *Nux vom.* 30x, and said: "Let this dissolve on your tongue." She did so, and began joking me about giving candy without saying anything by way of suggestion. We continued talking for perhaps three to five minutes, when she suddenly turned to her daughter and said: "Would you believe it my stomach feels easier than it has for a month." I treated her for two weeks, since which time (nearly two years) she has no more stomach trouble. She had only seven doses of *Nux vom.* 30, *Lyc* 200, *Hydrastis* 200, and *China* 30 were for their several indications. If you who are aping old school therapeutics will more carefully investigate your cases and more thoroughly search your *materia medica* for true homœopathic indications then rise above your prejudices and your crude drugs and try reliable high or medium potencies, both or both on what Dr. Hughes calls "precisionizing," you will cure your patients more quickly, and possess a lighter conscience as well as lighter pocket-book, for quickly curing does not promote transition from acute to chronic cases. You'll not have any typhoid pneumonia, for as my old German friend, Dr. Lehmann, of Waterloo, Ind., used to say you'll "cure the pneumonia before the typhoid comes." I wish to congratulate Dr. Samuel A. Jones for his brave defense of the old heroes of Homœopathy. Shake—over the line.

2138 Broadway, Toledo, Ohio..

A CASE OF HYDROCELE CURED BY ARNICA.

By W. S. Crosby, M. D.

I am indebted to Wm. Berlin, M. D., of Liegnitz, and the HOMŒOPATHIC RECORDER of April 15, 1899, p. 178, for one of the prettiest cures I ever made. It was a little boy, three or four

years old, whom I had treated on several occasions for spasms and other childish ills. About five weeks before I saw the case the parents noticed a swelling in the right scrotum, which gradually became larger and harder. One of the most popular and experienced physicians in the town was called in, who diagnosed the trouble hydrocele and proceeded to treat it with *Iodine* and pressure by means of a truss. After treating thus for about four weeks without results, but rather a steady increase of the growth, it was decided to change the treatment.

I found an enlargement about two inches long and a half inch in diameter and quite hard, but not sensitive and apparently giving the child no distress. Neither the family nor myself could account for the hydrocele other than to surmise a strain or bruise. Treatment as above referred to—*Arnica* 3x, on pellets internally, four times a day, and dilute tincture 1-10, on cotton compress, externally, held in place by a suspensory and removed four or five times daily.

Improvement began within three days and continued until the cure was complete, in about two weeks, with the exception of about four days, when I was out of B. & T.'s *Arnica* and had to depend on the common drug store article. During this interval improvement ceased, but resumed promptly again as soon as a new supply of the genuine *Arnica* was received and applied. I believe this cure was due to the external application—the internal medication having little or nothing to do with it.

What if I had depended on the common drug store *Arnica*? The veracity of Dr. Berlin might have been called in question and another case added to the lamentable failures in medicine.

Rochester, Ind.

SULPHUR IN CHOLERA.

By D. M. Ray, M. D.

When cholera breaks out in an epidemic form crude *Sulphur* should be burnt in considerable quantity every day in every house as a measure to prevent its spreading from house to house. If we vigorously follow this simple method we shall be able in a great measure to minimise its visitation from house to house, and cut short the epidemic in a much shorter time.

As a remedy for diarrhœa it is used both in the early stage of the disease when the purging commences in the early hour of

morning, and in the stage of convalescence when the looseness becomes protracted with offensive stool. But when the stools are very offensive *Psorinum* should be thought of.

This drug, though our great mainstay in many affections, is equally so in cholera; and it is very difficult to use it appropriately in cases of cholera, especially when its characteristic symptoms are wanting, such as: *plethoric or scrofulous conditions; roughness of the skin; offensive or peculiar odor characteristic of true Sulphur patient; heat and burning sensation on the top of the head; absence of thirst or dislike for water; aggravation of symptoms from bathing; coldness of extremities; aphthous condition of the mouth and other orifices.* I have many a time been successful in the administration of *Sulphur* depending on one single symptom—*empty feeling at the pit of the stomach.* The number of such cases in my hand have not been a few.

In the early stage of cholera, after a few vomits and copious watery stools, when the patient becomes alternately *restless and drowsy*, complains of being *very hungry and wants something to eat*, at the same time repeatedly expresses that his *stomach is empty*; at times earnestly begs to the attendants and the doctor: "Give me something to eat, I shall feel better and sleep; I cannot keep quiet because I am very hungry." No food should be allowed at the request of the patient, for I have known patients through ignorance were allowed to take a large quantity of barley-water, which not only excited severe vomiting, but brought on other graver symptoms, such as distension of abdomen and difficulty of breathing, etc. This morbid hunger does not last long and no food is advisable, but a timely administration of a dose, seldom a second, of *Sulphur 30* will have wonderful effect in such cases to bring about a reaction without further development of the graver symptoms of the disease. *Sulphur* is of great service in a case where *the circulation is sluggish and the patient lies in a state of collapse; extremities cold; drowsiness or restlessness; dryness of the mouth with little or no desire for drink; water does not taste well; stools are at longer intervals; abdominal uneasiness, with sinking sensation more prominent; there may be nausea, retching, and even hiccough; burning smarting on the top of the head, or all over the body; pulse thready and small or imperceptible at the wrist.* In such a case we are not unlikely to prescribe *Carbo veg.*, unless we pause a moment to think that the collapse of the latter drug is much deeper, *the cold-*

ness is not limited to the extremities alone, but extends to the trunk as well, and the breath also becomes cold; and the abdominal symptoms more marked with distension. The judicious administration of one dose of *Sulphur*, 30 or 200, in such a case will have such a good effect in changing the course of the disease that I never miss it while treating a cholera patient in a state of collapse. In all such occasions I take a great deal of pains in distinguishing one drug from the other, *my guiding point being sluggish circulation*; and when the indicated remedy is administered I invariably meet with satisfactory results. Now, under this head, I shall speak of another most important use of *Sulphur* in cases of cholera, though this is, I think, many a time overlooked. When a patient feels a *sensation of suffocation, difficulty in breathing, due to irregular distribution of blood in the heart*, one dose or two of *Sulphur* 30 is by far preferable to *Laurocerasus*, and *Hydrocyanic*, or the like remedies; but these medicines should not be forgotten when those above mentioned grave symptoms are developed from the mischief in the lungs. *Sulphur*, again, is of great service in all cases where *the indicated remedies fail to produce any impression in the patient*. A dose of *Sulphur* 30 many times will clear up the case. It is not always easy to determine with accuracy where to use *Sulphur*, unless the physician takes special care in watching each individual case and then to administer it as the particular indications call for its use. *Sulphur* is also to be used in the stage of reaction when the reaction is slow and unsteady. Here also its action on the circulation will promote hepatic secretion and the secretions of other organs that have struck work.

In case of infantile cholera I derive much benefit from its use when *the child's head is hot, extremities cold, either pulseless or thin, thready almost imperceptible pulse*, frequent small, watery discharge from the rectum with flakes of mucus, *excoriation of the anus*, which sometimes makes the little patient cry; *drowsiness alternates with restlessness*; sunken countenance. there may be rolling of the head, frequent desire for water with little thirst; vomiting of small quantity of watery substance may be present; abdomen may be either retracted or slightly puffy; urine is suppressed. The prognosis of such a case is certainly very grave. I have brought round many such cases with *Sulphur* 30 administered judiciously. *Belladonna* 30, *Cina* 30 and *Nux moschata* 6x, etc., are also my pet remedies which I don't forget.

Now a word or two as to the potency and the repetition of the dose of *Sulphur* in cholera. I have already mentioned the potency I used in my practice, that is 30th and 200th, but I do not see any reason why 6th or 12th will not be equally efficacious if one chooses to use it. It is really a serious problem how long we can safely wait before repeating a second dose of it or using the different remedy altogether. It is true in cholera cases we get anxious and impatient to afford some relief, if we possibly can, to our patient as soon as possible; hence many a time we naturally jump from one remedy to another without giving a fair trial. But in a case of cholera, where *Sulphur* is indicated, we can certainly wait after the administration of a dose of *Sulphur*, for a length of time, until some urgent symptoms draw our attention to some other indicated remedy.

Calcutta, India.

FINIS CORONAT OPUS!

“The mills of the gods grind slowly,
But they grind exceeding fine.”

It goes without saying that every homœopathic physician has read the *Life of Hahnemann*. Of course, it does! That *Life* which the faithful Bradford wrote, and which Boericke & Tafel made their independent fortune by publishing, greets one from the book-shelf of every homœopathic physician in the United States. Of course, it does! All of which statements are as irrefragable as the logic of the “Milwaukee Test.” Of course, they are,—“only this, and nothing more!”

It is, then, needless to tell any American homœopathic physician that the persecution and the prosecution of Doctor *Samuel Hahnemann* began with—not the “starved apothecaries” of Germany. Assuredly, not with the actual starvelings, but most assuredly with such apothecaries as dreaded starvation if the “principles and practice” that he enunciated and *demonstrated* should meet with general acceptance and application. This statement is not the putridinous palaver of a discomfited English adventurer; it is history; history that is not the pleading of a partisan, but the irrefutable fact recorded upon the papers of the judicial tribunals of that day, and recorded THERE by the prosecutors themselves in the attempt to avail themselves of certain chartered “rights” and *privileges* for which they paid tribute.

That which the apothecaries of Germany denied, and by their chartered privilege prosecuted, was the right of the physician to himself prepare and provide the medicines which he himself prescribed.

It is the prosecutions of German apothecaries that drove Hahnemann from place to place, a fugitive from justice (?), because the principles and practice of Homœopathy were a deathblow to the polypharmacy of the day and to the profits of the gallipots and the pestles that had "money in them." That had also death in them !

Any one man withstood all the apothecaries of Germany. And when they grew a trifle weary from his indomitable persistence, the disinterested physicians of Germany lent a fraternal hand. They had no chartered privilege that the iconoclast had violated, but they had the fine art of calumny in perfection; and this is also history. The wish was, indeed, father to the thought; and never since time began has any father "got in his work" so industriously ! Ah, my dear reader, the American people are not the first to encourage "home industry !"

It is fondly believed that since those days of darkness the physician has advanced,—if, indeed, a notable *decrease of dosage* is an advance. Hufeland was certain such a procedure would be only a retrograde; that it would prove to be "the grave of science." If that is true, then science is now in its grave; and this also is history. Are not manufacturing drug-houses now turning out tablets by the million, one of which, from its containing drug-quantity, would make Hufeland's bones rattle in their coffin ?

"Most can raise the flowers now,
For all have got the seed."

Which fact is also history !

Has the apothecary advanced ? Yes, but only as a glaring contradiction to the pet hypothesis of "Science," Evolution. The apothecary has *receded* into the crab. This *dictum* is not based upon a post-mortem examination (the more's the pity !), nor upon a count of blood corpuscles; it is the *ergo* derived from a philological consideration. You see, a dictionary maker defined the crab as "an animal that makes progress by going backwards,"—and by that token you have the modern apothecary.

He has advanced from the alembic of the laboratory to the sophistications of the soda-water fountain with its butyric acid "fruit syrups;" from the mystical sublimations of alchemy to

the sublimer mysteries of the cigar-stand. The time has been when, in the palmy days of scientific medicine,

“The doctor used his oily art
Of strong emetic kind;
The apothecary played his part
And engineered behind.”*

The apothecary was relegated to the back-door, so to speak, while the physician had the right of way at the front; for while the doctor did *prescribe* it, *he* never administered the persuasive clyster. “*Clysterium donare*” with his gloved hands? Faugh!

And all this was in the halcyon days of long ago, for in this year of Grace, 1902, the modern “druggist” is “up against” a widely different phase of things.

* * * * *

The following communication appeared in the *Detroit Free Press* for January 2, 1902:

“The Long-Suffering Doctor.

“TO THE EDITOR OF THE *Free Press* :

“The question of the physician dispensing his own medicines, after the manner of the homœopathic practitioner, has another side than that presented by you in your yesterday’s paper. The druggist complains of this usurpation of his function, but does he ever reflect that the practice he thus deplores is largely of his own creation? He has to such an extent encroached on the physician’s territory, through counter prescribing, unauthorized refilling of prescriptions and the sale of patent medicines, that medical men are compelled, in obedience to the law of self-preservation, to do as many have already done, and as many more will do in the near future, in the matter of putting up their own medicines.

“The physician has been a soft mark for both the retail and the wholesale druggist. Our mammoth pharmacal laboratories have been built up by his patronage, but now that they assume themselves to be on a secure footing they have become their erstwhile friend’s most insidious foes. How many patent medicine firms manufacture their own preparations? Probably not 5 per cent. of them have laboratories of their own. All that is necessary to embark in the patent medicine trade is the money necessary for the advertising. Just supply the most ethical firm of the manufacturing pharmacists with your formula (or ask it to

* “The Sparrow and Diamond.” *Green*. Born, 1696. Died, 1737.

supply one for you), and back comes your patent medicine bottled and labelled in the most artistic fashion ready for distribution to the dear public. Side by side on our drug store shelves are the most approvedly ethical preparations and the most notorious nostrums, and all made by the same laboratories. This is a fact, to the realization of which the plodding, upright physician is slowly awakening. When his eyes are once fully opened he will act decisively, and don't you forget it.

"M. D."

In a subsequent issue of the same newspaper appears the following "**DECLARATION OF INDEPENDENCE**:"—"Physicians' Pharmacal Company. It proposes to sell direct to the doctors. May make great difference to the druggists. Capital stock is placed at \$75,000 by the incorporators. Ethical and non-ethical line to be closely drawn."

The purpose of the Physicians' Pharmacal Company is thus stated: "We propose to furnish supplies to doctors who put up their own prescriptions. To secure the advantages which the company claims it will be able to give by reduced prices on drugs, the physicians must be stockholders in the company. The company promises that the business will be [*sic*] conducted on a strictly ethical basis, and that its products will be only such as are approved by the profession. We will in no wise aid or abet quackery by manufacturing patent medicines at our laboratory," etc., etc.

"*Codlin's the friend, not Short!*"—but, as this affair of the long-suffering doctors is a "family matter," it is not polite to interfere; it isn't "ethical."

But, lo! the "Physicians' Pharmacal Co." has blossomed in a *Price List and Order Blank*. Among its "Tablet Triturates" are to be found quoted: "Arsenous Acid, $\frac{1}{100}$ gr.;" "Arsenic Bromide, $\frac{1}{100}$ gr.;" "Arsenic Iodide, $\frac{1}{100}$ gr.;" "Copper Arsenite, $\frac{1}{100}$ gr." And all these, in the year of Grace, 1902, are "ethical."

O thou whose dust to-day is mouldering in the cemetery of Pere Lachaise, what was thy "first trituration" when the pharmacists and the physicians of the Fatherland hounded thee from place? If they are "ethical" now, what, in the name of all truth, were they then? As "ethical" as they are to-day, for they are the armament of the "Medicine of Experience;" yea, yesterday, to-day and forever!

"Most can raise the flowers now,
For all have got the seed."

The profession (THY profession) that then derided thee proclaimeth *them* ethical; it is only the druggists which prosecuted that are to-day pronounced non-ethical; it is the PROFESSION that is avenging thee.

Rest in peace, O thou whose German blood it was that nourished Luther and sustained thee! *Finis coronat opus.*

S. A. J.

January 30th.

"PUSSY! PUSSY! PRETTY PUSSY!"

Will any reader of the RECORDER tell us how it is that some trivial thing shall suddenly awaken the sleeping memories of the Long-ago; shall bring back recollections long buried,—as if some angel had rolled away the stone from the sepulchre of the Past. Here in my hand is a little booklet of not quite fifty pages, and I had read only the title of it when, lo! my early boyhood days were shining before me with all the glowing glory of a June morning's sunrise,—and, O Mnemosyne! where didst thou find the tints with which the village school is painted? Ah, me! the village school where we wrote "compositions" to order once a week for the teacher, and something else for a bewitching blue-eyed girl far oftener and from a gentler compulsion. And to-day there are only a mossy headstone beneath the ancient elm, a hallowed memory, sweet as the fragrance of far-off flowers borne to us by an evening zephyr, and a weary old schoolboy waiting, waiting, waiting for the school to close that he may go home. *Eheu, fugaces!*

The booklet in my hand recalled a "composition" read therein which promulgated the most novel physiological postulate ever advanced by the mind of man. It occurred in a "Composition" on *The Cow*. Ah, little did "Bill *****" dream what laurels were to adorn his brow from that Friday afternoon until Time shall be no more.

I see him now walking nervously to the little platform from which we painfully delivered our prose parturitions. I see the salutatory jerk of the head as he read the title: "The Cow." Methinks I hear again the rapid monotone in which he sailed into his theme: "The cow is a very useful animal *what gives milk*

with four legs and a tail—" We heard no more of that marvelous creature that day, for the uncontrollable laughter led to the sudden termination of Bill's reading.

How comes it, my reader, that while boys write "compositions" on animals of all sorts, one cannot recall a single girl effort written on "The Cat?" Of course, I am writing from my own recollections, and I certainly cannot recall a single instance that contradicts my query; but that reproach (if it be a reproach) is removed by that older school girl, whose *brochure* it is now a real pleasure to welcome.

This treatise, which is so brief as not to be at all wearisome and yet so lucid as to be easily comprehended, will be a delight to every lover of that faithful "home companion" which naturalists have named *Felis domestica*. Like the dog, the cat has left the wild state to become the friendly servant of the thrifty housewife, the silent playfellow of the little child; and, better than all, the solace of many a woman to whom spinsterhood is neither a reproach nor a misfortune when one considers that a husband is not of necessity the chief of all blessings here below. How many an "old maid" is such not because she has failed to make a "catch" in Life's Vanity Fair, but simply that she was too wise to be deceived by the tailor-made, specious imitations that were never designed for husbands. How many a cheap counterfeit of manhood has his cheaper fling at the lone woman whom his shallow worthlessness could not beguile from the serene security of absolute self-possession. All honor to this self-elected sisterhood, the vestal virgins who choose to serve Humanity rather than be the vassals of a vow which Man does not always keep inviolate!

Miss Neel has written from that fulness of knowledge which is born of love,—and Love illumines where it is found. She also writes as "one having authority," and one reads her pages with a sense of security in her guidance and a conviction that she who is instructing us has herself "been there" and is telling that of which she absolutely *knows*. The pages devoted to "Practical Points" are felt to be *practical*, and one rises from the reading of them assured that he or she has actually had a comforting enlargement of and in desirable knowledge. One also lays down this booklet with a sense of obligation to its author for the increased knowledge whereby the care of a household companion is

* CATS. How to Care for them in Health and Treat them when Ill. By Edith K. Neel. Philadelphia: Boericke & Tafel. 1902.

enlarged and promoted, bringing with it the pleasing assurance that one can more fully discharge his obligations to the dumb creature which renders its uncomplaining service with a faithfulness that man rarely equals and never excels.

The directions for the medicines called for are singularly clear and easily to be understood. Indeed, many a fledgling "M. D." may profitably read the "indications" given—while the ink on his diploma is getting dry enough not to blot. There are also sufficient diagnostic points given to enable anyone of moderate intelligence to afford "poor Pussy" what the slang of the day terms "a fair show" when the ills that flesh is heir to assails even the suffering and silent brute.

All this is an acquirement for which Miss Neel will have the wordless gratitude of multitudes whom she can never expect to meet.

But this booklet has a still more benign aspect, namely, the humanitarianism evinced in its conception and in the fullness of the execution of its author's design.

For this there is cause for devout thankfulness on the part of all those who believe, and rightly, too, that

"He prayeth well, who loveth well
Both man and bird and beast.

He prayeth best, who loveth best
All things both great and small;
For the dear God who loveth us,
He made and loveth all."

That the practice of wanton vivisection (and such is much of it!) brutalizes by deadening the pristine sense of the sacredness of that supremest of all mysteries, Life, is sadly too true, and the ruthless barbarities of science falsely so-called find their only corrective in that Humanitarianism which is happily gaining new advocates day after day,—thanks to the devoted few whom no manner of obstacles and misrepresentations could discourage! The conviction is growing and deepening that Man is not only his "brother's keeper." The dear God, who loveth us, made and loveth all. The sore burthen of Life is to be lightened (so far as loving, tender care can help to lighten) for *not Man alone*, but for all things both great and small. Cruelty to animals is now punished, the amelioration of their lot is attempted, their comfort when well must be promoted as considerably as when they succumb to their ailings. All this is now attempted from a refined

sense of duty; that the inconsiderate and the brutal will one day be *made to do their duty* is the goal of Humanitarian effort, and in God's good time it will be reached. The centuries may wax and wane, as they have done, but at length the Christian may vie with the Brahmin in tender regard and solemn reverence for the life and well-being of the meanest thing that crawls.

The booklet which has evoked all that is here written commends itself to every one who takes any interest in "Pussy" in that it gives directions for many little services which will add to her comfort and aid in her development; for what has been accomplished for the horse can also be attained for every dumb beast that shares the companionship of man. That a cat can be improved by care and intelligent supervision as regards her surroundings, etc., is not a novel thesis; but has it been as generally recognized as it deserves to be?

Moreover, Miss Neel's modest little treatise commends itself to the careful consideration of the "family physician," for which of them has not been appealed to before to-day to do something "for poor Kitty." And have not his humane endeavors to alleviate the sufferings of a family pet had their reward, if only by showing his patron that he has a tender heart,—a bit of evidence that reaches farther than many of us, perhaps, have imagined.

When a Montaigne has a caress rather than a kick for his cat; when our own Hale has that fondness for his cat that "Pussy" was actually his "pocket companion" on his professional rounds, perhaps the "old maid's affection for her *alter ego* is hardly the theme for the brainless jest of those who can no more comprehend her maidship than they could have captured her as a lover.

Said a wise old man to me once upon a time: *Beware of the man whose cat and dog flee from his presence when he enters his house!*

Every homœopathic physician has heard of the profound "regular" who ascribes each homœopathic cure to the "influence of the imagination." Well, my reader, you can learn how *very* imaginative "Pussy" is, for Miss Neel's treatment is wholly with the "little pills" that are so effective against disease—and the "regular's" bank book.

S. A. J.

"UNCOMPLICATED (?) HYPERTROPHY OF HEART."

By THOS. C. DUNCAN, M. D., Chicago.

Can we have hypertrophy of any organ with our complications? Take hypertrophy of the uterus, an organ that functionates only once a month, and see the monthly storm that arises. The heart that makes 60 or 72 contractions in a minute cannot, it would seem, have its normal function disturbed without serious direct or indirect effect. Let us look at this problem with the care its importance demands.

How does the heart become hypertrophied? What is the *modus operandi*? The heart is a great muscle. How does muscle hypertrophy? How do the muscles of the blacksmith's arm increase in size? Is it not by sledgehammer strokes—slow but forceful blows? If by slow, forceful contractions hypertrophy is developed, then occupations that produce slow, forceful action of the heart are necessary to produce its increased size.

We are speaking of acquired hypertrophy. Congenital hypertrophy should not be overlooked. This is chiefly confined to the right ventricle and manifests itself by its well known signs.

How is the heart slowed up to produce hypertrophy? Manifestly by retarding the circulation. The circulation of the right heart is retarded by holding the breath and forced inspiration. The systemic circulation is retarded by severe muscular effort; slow and continuous. Rapid action tends to weaken the muscles. "Palpitation" then cannot be a cause of hypertrophy but rather of atrophy.

Certain occupations and exercises directly tend to produce slow, forceful cardiac contraction, and by and by we find the sledgehammer action of the heart. The respiration is also affected *parri passu*. The mentality weakens and digestion is impaired from disturbed nervous energy and portal circulation. Hypertrophy from the first is not an uncomplicated condition. The auricles dilate, the venous current is retarded, and the energy of the cardiac plexuses is impaired.

What drug corresponds to that picture? Does *Aconite*, with its chill or shock and then rapid, feverish circulation, mental and præcordial anxiety and systemic restlessness? We are told that

"it is the principal remedy in uncomplicated hypertrophy of the heart." Then we are also told that its heart symptoms are "palpitation and anxiety, with intense pain in the region of the heart, shooting down the left arm, accompanied by a numbness and tingling in the fingers." The "palpitation," and "præcordial anxiety," and "numbness in and tingling of the extremities" belong to *Aconite*, but "the intense pain" and "shooting down the left arm" do not. At least they are not found in the pathogeneses that I have seen.

Neither are they symptoms of uncomplicated hypertrophy. In Regional Leaders, under Heart and Pulse, we read: "*Aconite*: Uncomplicated cardiac disease, especially with numbness of the left arm; tingling in the fingers; fainting." One is at a loss to know what cardiac disease is referred to, but presume that the case must have the arm and finger symptoms. The only arm symptom I can find under *Aconite* is pain in the muscles, which is far from the characteristic pain "shooting down the right arm."

The pain down the arm (sometimes left and sometimes right, depending upon the calibre of the brochial arteries) is due to the sudden forcible sledge-hammer contraction of the hypertrophied heart, and this is no part of *Aconite* effects.

The similar remedy for this condition seems to be *Arnica*, which has (Allen's Encyclopædia) "Pain in the region of the heart as if it were squeezed together, or as if it got a shock (after 36 hours)." "The motion of the heart is first very rapid, then suddenly slow." "Stronger beating of the heart." "The beating of the heart is more like jerking." "Cardiac distress." That is a true picture of hypertrophy.

Dewey (Essentials) gives as guiding symptoms: "Hypertrophy of the heart from heavy work; heart feels as if grasped; chest feels sore and bruised; hands swell from any exertien." That last symptom points to an advanced case of hypertrophy. The clinical record of *Arnica* is extensive. It, perhaps, has cured more cases of simple hypertrophy than any other remedy. But it is not the only remedy that may be indicated during the history of a case of hypertrophy.

How does an over-developed heart recover? It may have gone on until the person is exhausted by the strong cardiac contractions. Acute dilatation with faintness or loss of breath may suddenly cause a halt, perhaps send the case to the physician. The chances for error in diagnosis are great, as well as a possible

grave error in management. These may result in life-long invalidism. The shock may be prolonged and followed by a fever. As the heart gains tone its action will be made rapid. *Aconite* may be of great service at this point. The heart action will now alarm friends as well as the patient. Fortunate is it for the young person, man or woman, if the physician can avoid revealing the true condition, and at the same time secure the required confidence that will ensure the requisite muscular (cardiac) rest. If the case is a young man the physician must not hint at tobacco. Tobacco does not produce that kind of a heart. If a young lady he must not hint at hysteria. Hysteria does develop that sort of a heart, but she may develop nervous symptoms on the way up to recovery. "Over-doing" may be sufficient explanation as to the cause, and "absolute rest" must be insisted on as part of the case. Remember, you have a hyperæmic spine that will also need proper attention—bathing twice daily. The condition is one of traumatism, and *Arnica* can bring the heart back to the normal condition—after some months.

Remember, that muscle rapidly atrophies, and that state may be worse than the first. The skillful physician, like a skillful pilot, will guide the case safe up to the norm.

WHY PHYSICIANS WHO VACCINATE SHOULD ABANDON THE PRACTICE.

By J. W. Hodge, M. D., of Niagara Falls, N. Y.

The vaccination practice pushed to the front on all occasions by a certain class of the medical profession, and through political connivance made compulsory by the State, has become not only a menace to the health of the rising generation, but also a flagrant outrage upon the personal liberty of the American citizen. The inoculation doctrine was the chief medical delusion of the eighteenth century. With few exceptions the medical men of that period defended small-pox inoculation and held it up to public attention as the great desideratum for the common welfare of humanity. The practice of this horrible medical doctrine sent multitudes of victims to untimely graves, and permanently impaired the health of other multitudes. Yet vicious as the practice of inoculation proved to be, it was superseded at the hands of Jenner by a fallacy no less monstrous, so that the nineteenth

century, notwithstanding its boasted civilization and its much vaunted scientific acquirements, was nearly as much cursed as was the eighteenth.

I shall devote this essay to the specification and presentation of some reasons whereby I am persuaded to think that physicians should abandon vaccination. For the reasons which follow I am induced to believe that no intelligent physician who has taken the pains to inform himself of the facts relating to this important subject can conscientiously perform the vaccination rite.

I. Because there is on record, within the reach of every medical man, abundant and positive proof that vaccination has been a complete failure as a preventive of small-pox in every country in which it has been practiced and the results recorded. I have been unable, after a thorough and careful search in medical literature, to find a particle of evidence, worth the name, to show that vaccination has ever protected a single human being from small-pox except by killing him. It is my firm conviction, based on a comprehensive study of small-pox statistics gathered from all quarters of the globe, that the deceased victims of vaccination are the only persons of whom it can be truthfully affirmed that vaccination protected them from small-pox. By a century's dearly bought experience vaccination has, I venture to affirm, been proven to be, not only useless as a preventive of small-pox, but it has also been shown to have been the cause of many thousands of deaths among healthy children. Prof. Alfred Russel Wallace, LL. D., F. R. S., a trained statistician, and one of the ablest scientific men of England, in his latest great work, entitled "*The Wonderful Century*," has devoted a chapter to the discussion of vaccination.

Prof. Wallace has made a very exhaustive study and analysis of the statistical problem as it pertains to vaccination and small-pox. Under the caption, "*Vaccination a Delusion—Its Penal Enforcement a Crime*," he has devoted more than one hundred pages to a consideration of the most trustworthy statistics on a large scale relating to these subjects. In the preface of "*The Wonderful Century*," Prof. Wallace says: "*The vaccination question has been discussed at the greatest length for several reasons. It is the only surgical operation that in our country has ever been universally enforced by law. It has recently been inquired into by a Royal Commission whose majority report is*

directly opposed to the real teaching of the official and national statistics presented in the detailed reports. The operation is admittedly the cause of many deaths, and of a large, but unknown, amount of permanent injury. The only really trustworthy statistics on a large scale prove it to be wholly without effect as a preventive of small-pox. Many hundreds of persons are annually punished for refusing to have their children vaccinated; and it will undoubtedly rank as the greatest and most pernicious failure of the century."

I claim that the evidence set forth in this chapter demonstrates this conclusion. It is no longer a question of opinion, but of science, and I have the most complete confidence that the result I have arrived at is a statistical, and, therefore, a "mathematical certainty." In concluding this chapter on page 314 of "*The Wonderful Century*," Prof. Wallace sums up his case in the following words: "I venture to think that I have here so presented the best of these statistical facts as to satisfy my readers of the certain and absolute uselessness of vaccination as a preventive of small-pox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease. The teaching or the whole evidence is in one direction. Whether we examine the long-continued records of London mortality, or those of modern registration for England, Scotland and Ireland; whether we consider the 'control experiment' or crucial test afforded by unvaccinated Leicester, or the still more rigid test in the other direction of the absolutely re-vaccinated Army and Navy, the conclusion is in every case the same: that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century." I feel confident that if the most zealous advocate of vaccination should become amenable to reason and, with a mind susceptible to the eloquence of cold facts, would thoughtfully peruse Prof. Wallace's scathing arraignment of the Jennerian doctrine, he would wonder how he ever came to pin his faith to this huge imposture.

Another argument which I shall offer in support of my contention that physicians are not justified in vaccinating is the fact

that there is not on record a particle of proof to justify the belief that the severity of an attack of small-pox has ever been mitigated because of the fact that the small-pox patient had previously been vaccinated. By a study of the records of epidemics of variola we learn that hundreds of thousands of small-pox patients have died of the confluent form of this disease while presenting the plainest scars of the vaccinator's lancet on their bodies. Physicians, I believe, should discard the vaccine operation because it is known to be the means whereby thousands of healthy children are killed every year as evidenced by mortuary statistics. From a sworn statement of the registrar general of London, England, I quote the following sentence: "In the city of London an average of two hundred children die, annually, from disorders originated by the vaccinator's lancet." The large number of fatalities from tetanus, following vaccination of children, which have been reported as having recently occurred in several American cities, tends to justify the prevalent belief that the dangers attendant upon the vaccine operation are, at times, more fatal than the disease which it is supposed to prevent. There is recorded in medical literature ample proof of the most positive character that vaccination has been the means of disseminating some of the most fatal and loathsome diseases; among which are leprosy, cancer, syphilis, tetanus, tuberculosis and erysipelas. The cow-pox practice of the past has, indeed, proved the surest and most direct means of making all forms of "pox" perpetual.

I oppose vaccination because the introduction of the products—"calf lymph"—of diseased animal tissue into the circulation of a healthy human body is contrary to all the teachings of modern surgery and sanitary science, and has no justification in either science or common sense. This absurd dogma which assumes to conserve health by propagating disease is at variance with all established and exact knowledge.

The cow-pox delusion was conceived in ignorance and born of superstition, a dairy maid's whim borrowed by Jenner and palmed off upon the credulity of the medical profession as a never-failing preventive of small-pox.

The next reason I offer in support of my assertion that no intelligent and well-informed physician can conscientiously practice vaccination is the fact that the doctor has no means of judging the quality of the vaccine stock used. Vaccine virus is now wholly a commercial product. The family physician is simply a

"middle man" between the vaccine dealer and the vaccinated, conveniently and adroitly shunting on the former any ill effects which may appear in the latter. Millions of vaccinations are made every year while nobody knows what they are made with.

The medical profession of to-day buys its vaccine matter under a variety of names from those who make merchandise of it on the simple dictum of the manufacturer that his particular brand of "lymph" is the right thing to use. At the time of inserting vaccine virus—a disease-produced matter miscalled "lymph"—into the body of a healthy child the physician has no means of knowing what the result will be. Whether cow-pox, erysipelas, tetanus or a negative result will follow he is unable to tell until after the result of the experiment has made itself manifest in the child's system. Dr. M. R. Levenson, of Brooklyn, N. Y., a physician who has devoted a great deal of time and study to the investigation of matters which pertain to vaccination and variola, has submitted to the medical faculty the following proposition: "I will pay one thousand dollars to any one who will explain what it is that is put into the blood of the vaccinee when he is vaccinated." It is needless to state that at last reports nobody had claimed the reward. Where are all our bacteriologists and closet scientists?

I venture to think that the evidence on record in medical literature justifies the belief that the vaccinator is a public malefactor, because he confesses himself a menace to health by his practice of intentionally diseasing healthy people under the pretense of preventing disease. The avowed purpose of the vaccinist is to inoculate into the bodies of healthy human beings the virus of an acute contagious disease called vaccinia, or cow-pox, one of the zymoses. If the vaccinator succeeds in "setting up" this disease in the body of the healthy person the operation is said to be "successful," and the person thus diseased is alleged to be "protected." Let us briefly examine the effects of this disease, which, under the plea of sanitation, is communicated by the doctor's lancet to the system of the healthy child.

It is generally agreed among pathologists that the vaccine disorder (vaccinia) is as truly a disease as is measles or typhoid fever. It is also a well-attested fact that convalescents from one of the zymotic diseases are prone to contract any other that may be prevalent at the time. For instance, a patient weakened by scarlet fever is likely to take diphtheria if the latter is about, and

vice versa. It seems to be a reasonable conclusion, based on observation and experience, that the effects of the vaccine disease, which at times are quite severe, diminish the resisting powers of the individual affected, and thus tend to render him more susceptible to the disease which it professes to prevent. Is it not fair, then, to infer that if, by general vaccination, the vaccine disease be made plentiful it will convert the community into a convenient nidus for the reception of the contagion of other zymotic diseases, including small-pox?

This conclusion coincides with the results arrived at by Prof. Wallace in his study of small-pox statistics. On page 314 of "The Wonderful Century" he says: "These same facts render it in the highest degree probable that vaccination has actually increased the susceptibility to small-pox." In the vaccinal wound or abrasion we have another element of danger. The puncture of the vaccinator's lancet destroys the integrity of the epidermis—nature's barrier to absorption of septic poison—and thus opens one of the most fatal avenues through which septic materials gain admission to the circulation. Through the mischievous agency of the vaccine lancet children, in particular, are thus specially exposed to infection by the tetanus bacillus, as well as to that of any other infective agency which may be around, including the contagion of small-pox, during epidemics of that disease. During the prevalence of small-pox epidemics, the infection is more than ordinarily dangerous, because it is then more abundant and more concentrated. Vaccination being more generally enforced during the existence of the epidemic, infection through vaccinal abrasions offers another explanation of the fact that the susceptibility to small-pox is increased by vaccination, especially during the prevalence of epidemics of variola.

I believe I am warranted in maintaining that an impartial and comprehensive study of vital statistics justifies the belief that the extension of the practice of vaccination cannot be shown to have any logical relation to the diminution of cases of small-pox; and the same vital statistics, gathered from every available source, establish the fact that small-pox, like the other zymoses, originates in, or is propagated by, unsanitary modes of living, and can be effectually subdued only by removing the cause. Variola is a filth disease. All the world over its most destructive epidemics have coincided with periods of sanitary neglect. Sanitation, not vaccination, is its antidote. All that is needed to avert epidemics

of this loathsome disease is uniform obedience to hygienic and sanitary laws. Under the benign sway of sanitary regulations this filth disorder loses all its terrors and vaccination becomes a mockery.

The propagation of the Gloucestershire tradition has exerted a powerful influence in retarding the evolution of hygiene and sanitary science as pertaining to this disease. Teaching the people to rely on vaccination for "protection" from small-pox has only tended to encourage the sloth and carelessness to which ordinary humanity is prone.

The vaccine practice is now regarded by many of the foremost sanitarians of the world as an irrational attempt to cheat outraged nature—a futile and silly effort to avoid a zymotic disease without getting rid of its cause.

The practice of vaccination is opposed to the whole teachings of hygiene and sanitary science. It is one of those terrible medical blunders which, like inoculation, bleeding and mercurial salivation, has, in its far-reaching evil consequences, cursed humanity.

Once committed to an error, it is amazing with what mulish conservatism the medical profession will continue to cling to it. To abandon as worthless or injurious a measure which was once adopted as a great "blessing" would seem to be a tacit confession of fallibility; and fallibility is a human defect which, as a class, doctors of medicine, like doctors of "divinity," are very slow to admit.

But let us not despair. There are hopeful "signs in the sky." The effulgent sunlight of science is gradually dissipating the pestilential mists of superstition and ignorance. Sanitation is taking the place once occupied by prayers, amulets, relics, charms and other fetiches. Unde the influence of the ever-increasing intelligence which characterizes this era of thought and profound research, the tottering vaccine idol must fall and pass to the limbo to which inoculation and other medical superstitions have been relegated.

In reviewing the progress of medical history of the nineteenth century, it will be found that the saving of human life was almost wholly due to diminished mortality from causes whose destructive activity is especially amenable to sanitary intervention—namely the so-called zymotic diseases. Another count in the indictment against the vaccine practice is found in the fact that the perpetua-

tion of the cow-pox practice has done much to promote the poison plague which is infesting the homes of civilization in the form of ever-multiplying quack drugs and patent medicines.

Instead of being taught by their family physicians to promote health and ward off disease by giving attention to cleanliness, ventilation of dwellings, exercise in the open air, and the observance of general hygienic habits of life, millions of people are encouraged to rely on anti-natural remedies, and thus come to believe that health can be sold and bought across the drug-store counter. While I am aware that very few physicians, comparatively, are outspoken on their views regarding vaccination, I should, nevertheless, consider it an insult to the intelligence of the medical profession, here at the dawn of the twentieth century, to doubt that thousands of physicians who have not yet openly abandoned the cow-pox practice, have long ago lost all faith in the value of this irrational procedure, and have quietly dropped it from their private list of reliable prophylactics.

It is a significant fact which needs no comment that a large number of physicians no longer subject either themselves or their families to the vaccine rite, even during the prevalence of small-pox cases. It must be admitted, however, that the enormous plurality of these sanitary rationalists prefer to keep their convictions on the cow-pox subject to themselves for reasons which the reader will appreciate without specification by the writer. While it is regrettable that so many respectable members of a benevolent profession should by their silence tacitly endorse a useless and mischievous practice, it would probably not be too much to say that there are in our own State of New York several thousand physicians who could not be coaxed or bribed to pollute the blood of a healthy child with cow-pox virus.

CASES FROM MY PRACTICE.

By Dr. Oscar Hansen, Copenhagen.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,
January, 1902.

Though it would be easy for me to present from my journal an abundance of cases cured, I shall here only select a few cases that present particular interest, and in which the cure is known to me to have been permanent for a length of time after the dismissal of the patient. Since the homœopathic physicians in Denmark have

not the right to dispense their own medicines, we are obliged to use low potencies, though formerly when I could dispense my own medicines I had sometimes very good results from high potencies.

I. Syphilis.

The seamstress A. L., 28 years old, and living in Copenhagen, came under my treatment on June 12, 1896. She had had lues for five years, and has been treated allopathically with pills of sublimate and mercurial ointment. Her disease began with an ulcer induratum on the inner surface of the labia, and then mucous papillæ in the fauces, the vulva and about the anus. All these had disappeared during her treatment, but this same treatment showed itself without effect in her present attack, which had set in two months before. On the upper third of the thigh there is a very extensive swelling, well limited, pastous, not sensitive, with two perforations. When pressed upon thin, yellow matter is discharged. There is no œdema around it. The perforation took place two weeks ago. The menses are normal. The general health is good. She received *Mercurius jodatus ruber*, 1 cent. trituration, three times a day, a dose the size of a pea. This was given thus every two days, alternating with *Hepar sulph.*, 3 C. trituration, a similar dose. Poultices of powdered linseed were applied externally.

After this treatment the swelling softened, and greatly diminished in size. The discharge became more copious, white and thick. The one perforation is healed up.

September 7th. There was very little white and thick secretion, the swelling has diminished in size. There is thin pus, clear as water, discharged from the one perforation. Otherwise she feels well. *Kali hydrojodicum* θ , five drops, three times a day in a spoonful of water, increasing one drop every five days. This was continued, and when the dose amounted to 15 drops this was maintained as the maximum dose. Now and then short pauses were made, and when, on November 9, 1897, some induration appeared about the perforation the discharge became copious, thick and of a whitish yellow. Then the *Kali hydrojod.* was stopped and *Mercurious bijod.* was resumed, a dose as large as a pea, morning and evening.

July 16, 1898. The hardness around the perforation has altogether disappeared. The swelling is altogether gone, and in

December of the same year the perforations were healed up and the patient was dismissed as cured. She had remained in good health since. (Journal 7164.)

II. Struma.

Mrs. N. N., 44 years old, from Esbjerg. The treatment began September 4, 1897. Her trouble had lasted nine years and was formerly treated with *Spongia*, but without effect. Allopathic physicians advised an operation. The swelling of the struma was elastic, beginning on the right edge of the trachea and of the larynx and extending in breadth to the left angle of the maxilla inferior, and in length from the larynx down to the clavicle. No pains, but a slight dysphagia. The menses are now and then at long intervals; then, again, frequent, and the last time they lasted four weeks. I gave her *Iodium*, 3 D. dil., three drops, three times a day in a teaspoonful of water. Externally: *Unguntum kali jodat.* in the evening.

October 8. Unchanged. I gave the same prescription. In March, 1898, the struma had altogether disappeared and the patient was discharged.

Lately I have several times observed a considerable decrease, and in a few cases a complete cure, of *struma* with *Thyreoidin* 3, C. dil., in cases where *Spongia* and *Iodium* had no effect.

III. Hip-joint.

Miller N. N. is 23 years of age. I began his treatment September 6, 1897. Six years ago the patient was siezed with inflammation of the left hip-joint, and lay for seven weeks with a bandage to stretch his limb. The left limb was at that time an inch and a half shorter than the right. There were at times lancinating pains in the left hip-joint and in the knee. The left *sulcus gluteo-femoralis* is higher than the right, and the left hip is more prominent. The pains are worst while at rest and when starting to move, but grow less as the motion is continued. The left leg is emaciated, else the general health is good.

Rhus toxicod., 2 D, every day, five drops in a tablespoonful of water. This was continued till January 12, 1898. At that time the pains were darting and chasing, now in the hip, and then again along the thigh, in the knee or above the loins. The appetite was very bad. *Pulsatilla nigr.*, 3 D., diluted in the same manner.

February 14th. A decided improvement. The pains are almost gone. The appetite is good.

The same prescription. During the use of *Pulsatilla* the improvement continued until October 21st. But then the pains became more burning and appeared especially at night in bed, so that he had to get up and walk around in order to obtain relief. *Arsen. alb.* 2 C., five drops in a tablespoonful of water, three times a day. By December 8th he felt more strength in his limb and could manage to walk. The leg has filled out again. The same prescription.

January 21, 1899. The darting pains have returned, in the evening in bed, so that he has to keep changing the position of his leg. The pains were relieved by continued motion. The general health is good and the leg looks full. *Rhus tox.*, 3 C., was given in the same way.

April 4th. The pains had somewhat diminished, but they are frequently aggravated while sitting still or while resting. The pains diminished during continued motion. *Ferrum muriat.*, 1 C., was then given in the same way. Later, when the restlessness at night returned, with darting pains, requiring continual change in the position of the leg, while the latter again became emaciated, *Iodium*, 2 C., was used in the same way with good results. The pains with this patient were of a very changeable character. Occasionally *Rhus tox.*, 3 C., had to be given as above, when there was relief from continued motion, but at other times *Bryonia*, 2 C., was indicated by aggravation from motion. Thus the patient was treated till March 21, 1901. Now the pains were worse when he bent his leg back, and at night while lying on the side affected, and during rest. At this time the pains were boring. I now prescribed *Kali hydriodicum* θ , five drops, three times a day, and in September he had quite recovered. (Journal 7586.)

IV. Swollen Joints.

On August 5, 1898, telegraph operator W. N., 44 years of age, came under my care. He was living in Copenhagen. He had been sick for three months, and had been treated with *Salicylic acid* and Fachinger water. He formerly had had gout. The pains in the joints of the knee, the foot and of several fingers are of a lancinating description. There was a swelling of the joints, with sensitiveness to the touch and to motion. The tones of the heart are hard; there are no abnormal sounds. The urine is clear

and acid, containing neither albumen nor sugar. Appetite and sleep are good. The stool is normal, and there is nothing else that is abnormal. He has used *Urtica urens* and *Ledum palustre* without alleviation.

Bryonia alba, 2 D., five drops, three times a day in a teaspoonful of water.

June 11th. The joints are not so sensitive. He can walk better, the pains are less. The same prescription.

June 12th. The joints are quite normal. All swellings and sensitiveness have vanished. He can walk well, but he now complains of sensitiveness and of tearing pains in the arms and legs; this time it is the muscles which are affected. It is worst when he straightens himself and when he starts to move, but when the motion is continued there is an alleviation.

Rhus tox, 2 D., given in the same way.

August 13th. Quite restored. Dismissed as cured.

V. Ulcer.

The wife of a cabinet-maker, N. N., 52 years of age, living in Copenhagen, came under my treatment November 10, 1898. She had no children, and I had treated her eighteen years ago for *ulcus cruris*, and she had been cured. Since three months she has an oval ulcer on the hard palate on the right side, as large as a bean that is split open, and with a yellow coating on the fundus; she has also two small ulcers on each side of the tongue, posteriorly. The ulcers are without pain. Salivation. Else she is well. She denies having had lues. *Hydrastis canadensis*, 1 D., five drops three times a day in a tablespoonful of water. Externally for painting the ulcers, *Hydrastis tincture* 1 part, *Glycerine* 10 parts, in the morning and evening.

November 19th. The ulcers are somewhat smaller. The same prescription.

December 9th. The ulcers are very small. The same prescription.

December 28th. No change. *Kali hydrojodicum* θ , five drops a day in a tablespoonful of water. She came again on September 11, 1899, and said that she had again been affected with her trouble in the mouth. On the right side of the hard palate there was a little papula (a gumma?). As there was salivation with it, and the gums were sensitive, swollen and spongy, bleeding readily, without any other abnormal symptoms, while her general health was good, I prescribed:

Mercurius sol. Hahnem., 2 D., in trituration, the size of a pea, three times a day in a tablespoonful of water.

• She was well by the middle of October. (Journal 7919.)

VI. General Debility.

The wife of a blacksmith, N. N., 25 years of age, came under my treatment July 26, 1898. She has had two children, both still living; she had nursed both of them. When a child, she had had an affection of the eyes and swollen glands. She has now been sick for eight months. She complains of weariness and emaciation, having lost fourteen pounds in weight. She never had bleeding from the nose, nor hæmoptoe. She has cough, especially in the morning and evening, with slight whitish, thick expectoration. Lancination in the lower posterior part of the left lung during respiration and coughing. Dyspnœa, chilliness, nocturnal perspiration and lack of appetite. Menses normal. The stool very soft, without mucus. Percussion normal. Increased vesicular inspiration in the left supraclavicular and suspinal region. No bronchi. In the upper part of the lungs the respiration is weakened. The tones of the heart are hard, and loudly audible in the lip of the right lung. As at that time *Ichthyol* was highly recommended, I prescribed *Ichthyol* and *Aqua destillata* in equal parts, ten drops three times a day in a small cupful of milk.

September 9th. The appetite is very good. She has gained two pounds in weight. The cough has diminished. The same prescription.

November 3d. She has gained four pounds since the commencement of the treatment. The weariness is gone. The cough is slight, in the morning, no expectoration. The same prescription.

January 3, 1899. Since the beginning of her treatment she has gained ten pounds. No cough. Her appetite is good. The dyspnœa has diminished. The stool is normal. Neither chilliness nor nocturnal perspiration. She is in the fourth month of her pregnancy. Prescription the same.

March 2d. The cough has increased somewhat, with a thick, whitish yellow expectoration. Her weariness has returned. Her weight is the same. The same prescription, but now fifteen drops in the same manner. She continued to improve. On July 25th she was delivered of a fully developed child and continued the medicine at intervals, taking twenty drops for a dose up to May

30, 1901. The lungs then were quite normal and her general health good. Her weight then was 106 pounds, being the highest she had ever attained to before. Cough, expectoration and dyspnoea had disappeared already in November, 1900. She was dismissed as cured. (Journal 7865.)

VII. Violent Pains.

N. N., a slate-roofer, 26 years of age. When he came under my treatment, January 22, 1899, he had been sick for three years and three months. He complains of violent lancinating pains, sometimes as if pinching with nails, just above the right *spina ilii anterior superior* in the colon ascendens. The pains come in attacks, mostly while resting. There are no pains while he is in bed. There is dull percussion over the colon transversum and descendens. The eyes are slightly icterical. There is nothing abnormal either in the liver or the stomach. There is frequently heat and redness in the face. The appetite is small. The stool is hard, dark and lumpy, with frequent and ineffectual urging, as if something had remained in the bowels. He used castor oil pills for the stool. The urine is normal. *Belladonna*, 3 D., five drops in the morning and in the afternoon, in a teaspoonful of water. *Nux vom.*, 3 C., five drops in the forenoon and in the evening, in a teaspoonful of water.

February 4th. The pains are somewhat easier, the stool is lighter colored. The same prescription.

March 8th. The pains are not pinching any more, but lancinating now and then, and worst while in motion. It was relieved after two stools. *Bryonia*, 3 D., instead of *Belladonna*, the *Nux vom.* being continued.

The pains then diminished, and on September 5th he was quite well and dismissed as cured.

VIII. Swelling Drawn Out.

The son of farmer N. N., sixteen and a half years of age, came under my treatment in August 19, 1899. Two and a half years before he had had influenza, and then his present illness began. On the upper part of the left leg on the inner side and somewhat below the knee there is a small fluctuating swelling, with redness of the skin, while the surrounding parts are raised. The skin cannot be moved easily. Flying and boring pains, especially at night in the warmth of the bed. The general health, however, is

good. *Hepar sulph.* seemed most suitable to the fluctuating gathering, but on account of the boring nocturnal pains I prescribed *Mercarius sol.*, 3 D., in trituration, the size of a pea, in a small spoonful of water, three times a day.

September 20th. Perforation with thick yellow discharge. The pains have disappeared. *Silicea*, 3 C., in trituration was then given in the same manner.

November 20. The swelling is nearly gone; there is less discharge; the same prescription.

January 20, 1900. Around the perforation an ulcer has formed about an inch in diameter. The ulcer secretes yellow, thick matter, and bleeds readily; otherwise he is well. *Hepar sulph.*, 2 C., in trituration with the same dose. Externally, borax ointment.

March 26. The ulcer is healed. There is no swelling or pain left. He is discharged as cured. (Journal 8159.)

IX. Heart Disease.

The wife of Produce Dealer N. N., 28 years of age, in Copenhagen, came under my treatment May 31, 1900. She has two children. About five years ago she had arthritic fever, and has not been very well since. She complains of palpitation of the heart, which is violent, visible externally. Contractive, anxious pressure in the cardiac region and the pit of the stomach. There is no dyspnoea or cough. She cannot bear coffee. The menses and other functions are normal. The appetite is good. The lungs are normal. The tones of the heart at its apex are hard and metallic. There are no abnormal sounds. Aggravated by motion and by noise. *Spigelia anthelmintica*, 3 D., five drops in a teaspoonful of water, three times a day.

June 12th. No change. The pulse which was quite vigorous last time is now slow and weak. *Naja tripudians*, 5 D., given in the same way.

July 9th. A decided improvement. The same medicine.

August 2d. All the heart symptoms have disappeared. She now only complains of weakness and weariness in the pit of the stomach and across the left hypochondrium to the spine, with a sensation as if something were confined in the chest and suddenly let go again. *Pulsatilla nigr.*, 3 D., given in the same way.

August 23d she was discharged as cured.

X. Eczema.

The wife of Merchant N. N., 26 years of age, living in Aarhas, Jütland. When the treatment began on June 7, 1900, she had

an eczema which she had had for seven years, and for which she had been treated by many allopathic doctors. She had received much *Arsenic* and a number of remedies for external application, but all without effect. The eczema, which frequently occupies the greater part of the body, is now mostly limited to the eyelids, the arms and the legs. It consists of papulæ, which change into vesicles and secrete a clear sticky fluid, when they scale off and itch. Nothing else can be seen. She is well nourished, and her general health is good. *Graphites*, 2 D., in trituration, the size of a pea, three times a day in a small spoonful of water.

July 19th, the eczema is much diminished. The same prescription.

August 18th. Only a little eczema on the fingers, all the rest has disappeared. The urine is normal. The same prescription.

In October she was quite well, and has remained so. (Journ 8351.)

SOME CLINICAL EXPERIENCE WITH ECHINACEA ANGUSTIFOLIA.*

E. C. Eddy, M. D., Elmira, N. Y.

In a short paper I wish to call your attention to a few cases treated with *Echinacea*. This remedy was known to the Indians and Quakers long ago, but only brought to the attention of the medical profession in recent years. It is not yet thoroughly proven, but each year adds to our knowledge of its possibilities as a helpful factor in the treatment of disease, especially all septic conditions. My experience has been with the tincture, which, I think, is preferred by most physicians. But more knowledge of the drug may lead us into higher attenuations.

CASE I. Mr. L., aged 83. Temperate; general health good. Sore began on heel, simulating frost bite, but later developed typical senile gangrene. Patient objected to an operation, and I found no surgeon anxious to operate, owing to his advanced age, enfeebled condition, and depleted pocket-book. Disease progressed slowly for a time, until sloughing occurred. Then he suffered much pain, with more rapid involvement of tissue. At this time my attention was called to *Echinacea ang.* Began using a lotion of *Echinacea* θ , one part to three of water. Also giving

* From *Transactions of the Homœopathic Medical Society of the State of New York*, 1901.

internally 10 gtt. three times per day. The beneficial effects were soon apparent in diminished odor and less rapid destruction of tissue; but was soon obliged to discontinue its use, owing to the increase of pain caused by any lotion in contact with the sore. Cerates were more soothing. Had I then known of Dr. Hamlin's excellent ointment,

Echinacea tinct., ℥ss.

Lanoline, ℥j.

M.

should have given it a trial. Not with the hope of curing my patient (for he was beyond that), but to diminish the odor and make the atmosphere of the room more hygienic, for he lived until the whole foot was involved, and the toes dropped off one by one; being fifteen months from the initial lesion. The later treatment consisted of *Echinacea* θ and *Arsenicum alb.*, 6x, internally, cleaning with peroxide and dressing with charcoal.

CASE II. Miss R., aged 40, came to my office complaining of loss of appetite, sleeplessness, debility and excoriating leucorrhœa with very offensive odor. Internal medication, together with carbolated douches, had been used with no apparent result. Examination revealed endometritis with erosion of cervix. Leucorrhœa thick, yellow and *very* offensive. Treatment consisted in cleansing the parts thoroughly and applying tampons, saturated with a solution of *Echinacea* θ, *Glycerine* and water, equal parts. When tampon was removed patient used a douche of hot water, followed by 4 ℥ of water the same temperature, medicated with *Echinacea* θ ʒj. Internally, *Echinacea* 10 drops three times per day. The improvement was rapid and permanent.

CASE III. Miss H.; domestic, aged 23. Complained of feeling so tired that she could neither eat nor sleep. Continued working in that condition for two weeks, growing very weak and nervous, but had no pain. Came to my office to get medicine for her "nerves," and I found temperature 104, pulse 130, respiration 24. Tongue brown and heavily coated, breath very offensive. One daily evacuation. No tympanitis nor soreness of bowels. Put her in bed and ordered liquid diet, following all precautions customary in typhoid fever, using the indicated remedies, which included *Baptisia*, *Bryonia*, *Gelsemium* and *Hamamelis*. Within twenty-four hours had three characteristic stools. Twelve hours later a profuse hæmorrhage, dark and very offensive. This was followed by two more within twelve hours. Lighter color and less in

quantity, but still the same carrion-like odor. Notwithstanding great carefulness on the part of the nurse the odor from breath and excretions was almost unbearable. Then we began the use of *Echinacea* θ , 15 drops thrice daily for three days, followed by 10-drop doses twice a day until convalescence was established. An improvement in temperature and general condition was apparent in a very short time and continued. Had I used the *Echinacea* sooner many of the unfavorable symptoms might have been aborted.

Echinacea exerts a decided influence on the blood and mucous surfaces. Hence in cases of cancer many of our best surgeons who believe that malignancy is not local, but constitutional, use the knife freely and then give *Echinacea* continuously for six months or one year with excellent results.

(In the discussion which followed this paper Dr. Spoor said:)

I have a patient who fell down stairs and hurt herself considerably and for a time she was in a very serious condition. After improving she was taken with a pain in the limb where she had a varicose ulcer and from that it went to the large toe of the same foot. The toe turned black, dry gangrene set up and the whole toe-joint has withered, until now it is not larger than my little finger and is gradually coming off. The reason it was not amputated is because the woman had a very bad heart and could not take an anæsthetic; and, therefore, it has run along as it has. I put her on *Echinacea* and she has taken it for a long time. The inflammation entirely went out of the foot, around the edge of the gangrene the line of demarcation has entirely healed and the toe is gradually coming off at the first joint. She has had no bad symptoms since she began to take the *Echinacea* and has improved in every way. Her general health is as good as before her fall, but the toe has not come off as yet.

BOOK NOTICES.

Ophthalmic Diseases and Therapeutics. By A. B. Norton, M. D. 90 illustrations and 18 chromo-lithographic figures. Third edition, revised and enlarged. 659 pages. Cloth, \$3.00; by mail, \$3.36. Half morocco, \$4.00; by mail, \$4.36. Philadelphia: Boericke & Tafel. 1902.

The chief new feature of the third edition of this book is the addition to it of a "clinical index," which will enable the practi-

tioner to find the remedy he is seeking with much greater ease than heretofore. Another new feature is the reduction of the price from \$5.00 and \$6.00 to \$3.00 and \$4.00 in cloth and half morocco respectively, thus making it the cheapest as well as the best eye book in homœopathic practice. That it is the best homœopathic text-book on the subject is, in a manner, proved by the fact that with, we believe, one exception, it is the leading book recommended by all homœopathic colleges to their students. Every practitioner must have more or less to do with eye diseases, and it is well for him to have a good book of reference and treatment for consultation. Norton's is the book needed.

A Dictionary of Practical Materia Medica. By John Henry Clarke, M. D. In two volumes. Vol. I. 951 pages. London: Homœopathic Publishing Company, 12 Warwick Lane. 1900.

This is the book our Uncle Samuel held up for double or triple duty, but finally let it in at regular duty; perhaps he thought the contents were worth more than the set price of the book. Dr. Clarke gives the name of his remedy, say, *Arctium lappa*, follows with synonyms, part used, then summarizes its known clinical range, follows with characteristics, relations and, lastly, the symptoms. To the casual reader the characteristics are the most interesting, as in this part a short history of the drug and the men who brought it out are given. As, for instance under above named drug: "*Arctium lappa* has been extensively proved, notably by Dr. Jeanes and Dr. S. A. Jones (*H. R.* 1893). The provings in the main confirm the teachings of antiquity in regard to this remedy. It has been given from the earliest times for prolapsus uteri, sterility, milky urine and sores about the joints." And so on. Dr. Clarke has produced a very excellent work.

Cats. How to care for them in health and treat them when ill. By Edith K. Neel. 48 pages. Cloth, 50 cents. Philadelphia: Boericke & Tafel. 1902.

Dr. S. A. Jones has deemed this little book worthy of a review from his pen, which will be found elsewhere in this number of the RECORDER, so we will confine ourselves to stating that the author is a prominent cat importer and breeder, and has studied medicine in the colleges of the dominant branch of the profession, but has become a strong convert to Homœopathy. The book is illustrated and takes the fancy of all who see it.

Fads in the Practice of Medicine and the Cause and Prevention of Disease. By Mathew Jos. Rodermund, M. D. This volume positively explains, for the first time in the world's history, the causes of yellow fever, small-pox, diphtheria, scarlet fever, measles, consumption, etc. 654 pages. Chicago: Twentieth Century Publishing Co. 1901.

If Dr. Rodermund had omitted the fierce denunciation of the medical profession as a whole, he would have a better chance of being heard. His book contains much that is new, original and interesting. He absolutely denies that disease is contagious or that germs are the cause of disease, and offers \$1.000 in cash to anyone who will prove either proposition. The author for all his savage writing is an interesting one, and if you are philosophical you can read the book with equanimity and some profit.

Syphilis. A Symposium by Seventeen Distinguished Authorities. 122 pages. Cloth, \$1.00. New York: E. B. Treat & Co. 1902.

In this little book you can get what the authorities of to-day have agreed upon in this disease. Dr. R. H. Greene, of the French Hospital, writes on the treatment which is chiefly with *Mercury*. "*Iodid of potassium* is also quite generally used, and often abused in the old lesions of syphilis." There are many interesting cases given by the various contributors where syphilis was not suspected by the patient's physician, and also some curious assertions, as, for instance, the following by Dr. Bulkley: "Syphilis is now no longer regarded as a venereal disease, and should be recognized and studied as one of the most important maladies which affects the human race."

Dr. Ch. Gatchell has now in press a new work on "Diseases of the Lungs; Their Pathology, Symptomatology, Diagnosis and Treatment." The book will be issued in a few weeks.

Practical Medicine. By F. Mortimer Lawrence, A. M., M. D.

This work, as its title indicates, is one of the most practical and concise volumes on the subject we have yet seen. Pathological processes rather than the details of morbid anatomy have been described, with the object of correlating the symptoms of disease to the underlying changes. Tables are used to indicate the differential features in diseases that are at times difficult of diagnosis, while the liberal use of typical temperature charts make it a work of value both to the student and the practitioner. In the treatment of disease the author has handled the subject in that broad liberal manner which will certainly secure results, for local measures and modern methods are advocated in conjunction with indicated remedies.—*The Critique*.

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EDITORIAL BREVITIES AND GOSSIP.

THE PASTEUR INSTITUTE AND HYDROPHOBIA.—The *New York Herald* had a cable dispatch recently wherein it was asserted that during the past 16 years the Pasteur Institute, of Paris, had saved 26,000 lives from hydrophobia. A contemporary at this remarks that, as during the preceding 4 years to the establishment there were but 38 deaths from this disease, the claim of saving 26,000 lives from rabies is apparently somewhat exaggerated. It looks that way.

VIGOROUS MEASURES ADVOCATED.—The *Christian Herald* says that every person who is not vaccinated should be imprisoned or expatriated, as they are a menace to the lives of the vaccinated. The *Spy*, of Worcester, Mass., advocates 90 days imprisonment, after recovery, for every one who has small-pox. The *Times*, of Philadelphia, urges preventing this contumacious class from using public conveyances, the streets and the stores.

A REMINISCENCE.—Dr. Herbert H. Read, of Halifax, N. S., in renewing his subscription to the RECORDER, writes: "I was very sorry to hear of the death of Dr. Boericke, who was my fellow-voyager to England in 1860, in the Cunarder 'Niagara.' I was then on my way to complete my studies in England, and was greatly amused with his little box of pellets, as he was the first homœopathist I had ever seen, and little thought I should be one myself."

ANENT THE RECORDER.—A Tennessee subscriber writes: "There is something in the RECORDER that is more than moonshine, and compels a fellow to acknowledge that he has got his money's worth."

PICRIC ACID.—A note from Dr. S. A. Jones informs us that his promised paper on *Picric acid* must be postponed for some time on account of sickness in his family. He has the sincere sympathy of all the RECORDER's readers, we feel assured.

\$1,000 DAMAGES.—A Philadelphia woman's six-year-old son was vaccinated by a Philadelphia doctor, and the child died from the effects of the vaccination. The mother brought suit for damages and the jury awarded her \$1,000. If doctors are to be held financially liable for the effects of vaccination they are surely up against a stiff game.

"IS IT SMALL-POX?"—Dr. I. N. Brainard, Health Officer of Alma, Mich., publishes a rather interesting paper in February *Medical Age*, the conclusion of which is that the present so-called "epidemic of small-pox" is not small-pox. In Alma they had 79 cases, and in none were there the customary pitting. Of the 79 cases 52 had records of vaccination and 4 had had small-pox previously. Furthermore, he says that in a lumbermen's camp, where this disease prevailed last year, the same men are reported as having it again this year. "Medical views are changing. I predict that this 'small-pox' will be split off from genuine small-pox and be given a new name."

A NEW PRICE CURRENT.—Messrs. Boericke & Tafel have issued a new and elegant edition of their "Physician's Price Current," bringing prices, goods, etc., right up to date. One new feature of this edition, and a very interesting one, is on pages 37-40, giving the list of remedies the firm has been preparing for the past two years according to the rules of the *Pharmacopœia of the American Institute*. The drug strength of each is given, and now the physician can take his choice. The delay in bringing out the new tinctures was caused by the fact that fresh plant tinctures like *Aconite*, *Belladonna*, *Bryonia*, etc., etc., had to be prepared in Europe, and this took considerable time. However, the work is now done, and physicians can get the new tinctures, with the assurance that they are *really* prepared according to the new Pharmacopœia. How some firms could announce a full line of tinctures prepared according to the new Pharmacopœia almost simultaneously with its publication is something of a problem.

DEWEY IN MEXICO.—Dr. J. N. Arriage, of Mexico, has completed a translation of Dewey's *Essentials of Materia Medica*,

which will shortly be published. He will also make a translation of *Practical Therapeutics*. Those Dewey books have been translated into more languages than perhaps any other homœopathic works save Hahnemann's.

JOLIET, ILL., JOTTINGS.—Dr. E. J. Abell is one of the leading surgeons here, and has a nice business.

Dr. W. R. McGuffin has traveled a great deal; he was a "cow-boy" at one time, and many relics of the bygone days adorn the walls of his reception room. He evidently makes centre shots in practice as well as he did on the plains, judging from the business he is doing. His office is crowded all the time.

Dr. Nora Walker reports business fine, and she is busy all the time.

Dr. Grant Houston is one of the leading men in Joliet; he has a fine business. It is difficult to get an interview, and at the present rate the doctor will soon be able to take life easy.

Dr. John Walker confines his practice almost entirely to office business, and is also doing well.

Dr. H. Beckwith has a nice office. He likes high potencies, and uses them successfully. The latter is the most important feature. Perhaps some of the rest of us would think as much of them as the doctor does if we knew our *Materia Medica* as well as he does.

Dr. N. Bergman has a beautiful home and office together on Cass street, and is doing a nice business.

Dr. Maurice Houston was at one time one of Joliet's leading physicians, but, unfortunately, he received a very severe injury seven years ago that almost disabled him, and he had to give up almost his entire practice. A short chat with him convinced your correspondent that were it not for his disability he would still be as of yore. His kindly face and sympathetic manner would be pleasing in the sick chamber.

MORRIS, ILL., JOTTINGS.—Dr. M. C. Sturtevant is one of the old-time homœopaths that it is a pleasure to meet. He is retiring from practice now on account of his age, and to take life easy the remainder of his days.

Dr. E. C. Brewster is doing a good business and that he will be one of Illinois leading lights is a prediction made by your correspondent.

Dr. G. A. Leach is also doing a nice business at Morris. He is also in the drug business, so, to quote an old saying, he catches

them coming and going prescribes little pills for his patients and furnishes the big one for his old school brethren.

Dr. J. N. Downs is one of this thriving little city's leading practitioners. He has been remarkably successful in the epidemics of typhoid fever that have recently visited Ottawa, and has been convincing the old school men that have had cases side by side with his in the hospital that hot water is better than ice water for bathing typhoid patients. This was against their will, of course.

Dr. H. M. Bascom is also doing well here.

Dr. E. E. Palmer is a very busy man, and looks prosperous and happy.

LA SALLE, ILL., JOTTINGS.—Dr. Geo. F. Constant is one of the pioneers of Homœopathy in Illinois. It is a pleasure to chat with him on his experience in the practice of medicine. He believes in studying his *Materia Medica*, and the indicated remedy always does the work for him; so it would for the rest of us if we knew our *Materia Medica* as well as he does.

PERU, ILL., JOTTINGS.—Dr. Albert H. Hatton is doing a fine business at this point. The doctor has a fine library and is a great book buyer, and he not only buys them, but studies them; that accounts for his success in practice.

GENESE0, ILL., JOTTINGS.—Dr. Wilbur F. Spencer has a beautiful home and offices at Geneseo, all finished in quartered oak. The doctor would be able to give some of his fellow physicians some valuable pointers on building, as his house and office are most complete. He has a large and lucrative practice.

MO LINE, ILL., JOTTINGS.—Dr. A. H. Arp is the most prominent physician in this thriving manufacturing city. He is surgeon to the Moline Public Hospital, the Moline Plow Co., the Deering Harvesting Machine Co., the D. M. Sechler Carriage Co., and local surgeon for the C. B. & Q. R. R. This is a great compliment to his surgical skill and ability. He has the finest and most elaborately equipped office it has ever been the writer's pleasure to see, few hospitals have anything better. You first enter his reception room, which contains a fine library; then his consultation room; following this is his drug room, which contains everything needed by an up-to-date physician and surgeon; from this you enter a most elaborately furnished electric room, which

contains only the best that money can buy—a static and X-ray machine, sinusoidal, galvanic and faradic apparatus, the latter, by the way, of the Doctor's own design and manufacture. It also contains a motor for running his static machine and dynamo to generate a constant current for his galvanic and faradic apparatus. The Doctor is a genius in the manufacture of surgical instruments, as well as in electricity. In the days before he was as busy as he is now he would go into the workshop and make any instrument he wished. From the electric room you enter a hallway, then pass into his operating room, which is entirely modern and equipped with latest enameled furniture, instruments, operating table, sterilizing apparatus, and C.; just off of this room is the anæsthetic room. It makes one think he is in a modern and up-to-date hospital rather than a physician's office. The Doctor does all his operative work except abdominal surgery in this operating room, most of which is emergency work for the manufacturing plants and R. R. Co. They are brought direct to his office in an ambulance and then taken home after operation. His is a living example of what push and energy can do, as he is a "self-made man," was left an orphan at an early age with no resources but an indomitable will and high aspirations to make a success in life. He has an elegant home, and has accomplished what he set out to do. Here is to his future success, which he so richly deserves.

Dr. Louise N. Miller is another of Moline's prominent physicians. She has an elegant office and a fine practice, and is an apt illustration to prove that a woman can succeed in the practice of medicine, that it is not out of a woman's sphere, many to the contrary notwithstanding. The doctor is contemplating an extended pleasure trip the coming summer, if she can get away from business long enough to enjoy it.

Dr. Peter H. Wessell is one the pioneers of Homœopathy in Moline. He is aggressive, full of energy, enjoying excellent health and will be an honor to our school for many years to come.

Dr. Jane H. Miller, formerly the most prominent lady physician in Moline, has now retired from active practice.

ROCK ISLAND, ILL., JOTTINGS.—Dr. Paul, Dr. Chase and Dr. Bradford, of Rock Island, all report business good; they look prosperous and are trite illustrations of the saying that "the Homœopaths always ring the silver door-bell."

PERSONALS.

Lloyd's insurance against small-pox quotes the freshly vaccinated a rate of $\frac{3}{4}$ and the unvaccinated $\frac{5}{4}$.

A Pennsylvania town is warring on cats and dogs, killing 'em on sight, because they spread "small-pox." If the fool-killer would do his duty he would have an over-flowing harvest.

Dr. Jos. McFarland, Medico-Chi., Philadelphia, Pa., wants reports of every case of tetanus following vaccination.

When a politician places the public welfare above "party" or self, he becomes a statesman.

Small-pox is not contagious, they say, until the eruptions begin to open.

No, Mary, a "fast" man is not necessarily a sprinter; some of them could not run a hundred yards to save their souls.

Practical Medicine, by Lawrence, is not a work on therapeutics, but on the reading of the various diseases and what their phases mean. A valuable work.

Echinacea for gangrene is a valuable pointer.

If any one wants to reply to Drs. Hodge, Clarke, Guernsey and the others on the vaccination question the pages of the RECORDER are open to them.

When an examining board asks what is the "treatment" they ask a fighting question.

Raue's Diseases of Children is the latest, most modern and practical book on the subject.

Pretty good number, this?

Cats are becoming fads, and Mrs. Neel's book hits a popular fancy.

Chininum ars., they say, will cure more cases of plain diarrhoea than any other remedy.

Boericke & Tafel's new, black and gold covered, *Physician's Price Current* is the handsomest they ever issued.

Fly-time is coming and then the bald-headed men will polish up their cuss vocabulary.

About this time of the year the bloom has been pretty well rubbed off the annual crop of freshmen.

Let us hope the weather man has put away his little blizzards in camphor for another year.

A quack is a medical pretender.

Dr. Hall says that giving water to fever patients was once rank quackery, and advises the quiet investigation of popular quackeries before clubbing them.

Wonder which of the two Senators would have come out on top if they had formed a ring around them.

If interested in "biochemistry" in fairness read Schuessler's own book, *An Abridged Therapy*, the foundation of it all.

Send in your papers, letters, notes, etc., to the RECORDER. Address, 1011 Arch Street, Philadelphia, Pa.

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HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Twenty-first Annual Session.
(Year 1868.)

The meetings of the twenty-first session of the American Institute of Homœopathy were held June 2, 3, 4, 5, 1868, at Philharmonic Hall, St. Louis. On Tuesday evening, June 2d, a preliminary meeting was held at the residence of T. G. Comstock, M. D. Charles J. Hempel, M. D., of Grand Rapids, Mich., was elected Chairman, and I. T. Talbot, M. D., of Boston, Mass., Secretary of the meeting. After considerable discussion on various subjects the members were invited by Dr. Comstock to partake of a bountiful collation.

On Wednesday morning, June 3d, the Institute assembled for the regular session, the meeting being called to order by William Tod Helmuth, M. D., of St. Louis, President of the Society.

Dr. T. G. Comstock, Chairman of the Committee of Arrangements, cordially welcomed the members to St. Louis, and hoped their visit would be pleasant and profitable.

The election of officers resulted in the announcement of Henry D. Paine, M. D., of New York, as President; T. G. Comstock, M. D., of St. Louis, Vice-President; I. T. Talbot, M. D., of Boston, General Secretary; H. L. Chase, M. D., of Cambridge, Mass., Provisional Secretary, and E. M. Kellogg, M. D., of New York, Treasurer.

Board of Censors.—J. P. Dake, M. D., Salem, Ohio; John C. Morgan, M. D., Philadelphia; G. D. Beebe, M. D., Chicago; J.

Hartman, M. D., St. Louis, and George W. Swazey, M. D., Springfield, Mass.

Upon taking the chair, the President, H. D. Paine, M. D., made a short and modest address.

After thanking the retiring officers for the acceptable fulfillment of their duties, the President appointed a Committee on Credentials, consisting of Drs. L. de V. Wilder, New York; J. C. Burgher, Pittsburg; David Thayer, Boston; Francis Woodruff, Ann Arbor, and T. S. Verdi, Washington. Drs. A. E. Small, Chicago; E. C. Franklin, St. Louis; Samuel Gregg, Boston; G. E. Belcher, New York, and Robert McMurray, New York, were appointed a Committee to audit the Treasurer's accounts.

On motion of A. E. Small, M. D., of Chicago, John Moore, M. D., of Liverpool, England, was invited to a seat in the Institute. Dr. Moore made a short address, thanking the members for their courtesy in making him a temporary member of their Society, and gave a concise account of the progress of Homœopathy in Liverpool.

The report of the Committee on Delinquent Members showed the return of some valuable members and the failure to obtain communication with others whose presence would have been conducive to the progress of the Society.

On motion of N. F. Cooke, M. D., resolutions of condolence were framed and sent to John F. Gray, M. D., of New York, on the death of his wife, who was a sister of Drs. A. Gerald Hull and A. Cooke Hull.

Henry D. Paine, M. D., Necrologist, reported a list of deceased members, but had been unable to obtain full biographical information regarding all of them.

The Auditing Committee reported the Treasurer's account correct, but found that the Society was in debt. After considerable discussion it was agreed to fix annual dues for membership, and, in pursuance of the purpose of liquidating the debt and providing a sufficient fund for current expenses, the amount was fixed at five dollars annual dues for each member, with a Committee upon Finances having power to call upon delinquent members for payment, thus protecting the Society from future disability to liquidate all liabilities. The Committee on Finances was composed of Drs. H. M. Smith and E. M. Kellogg, of New York; E. B. Thomas, of Cincinnati; Walter Williamson, of Philadelphia, and I. T. Talbot, of Boston.

Dr. T. S. Verdi, of the Committee on Foreign Correspondence, made his report, which included a communication from Carroll Dunham, M. D., stating the extent of his correspondence with South American, Spanish, British and West Indian physicians. The progress of Homœopathy in these countries was noticed, and a number of the foreign physicians approved of forming similar associations to the American Institute when the number of adherents of the new school should make such organization possible.

Dr. Verdi submitted a letter from Dr. Guiseppe Bruni, of Lombardy, who spoke re-assuringly of the advancement of medical science in Italy. The report was also favorable to the new school from France and Spain, and the Corresponding Committee were well satisfied and desired to be allowed to carry their work over for another year.

Dr. David Thayer, of the Committee on Credentials, reported that there were one hundred and twenty-three delegates, representing thirteen State societies, nine colleges, eighteen dispensaries, fifteen hospitals, twenty-two local or county societies, and ten medical journals.

J. P. Dake, M. D., Chairman of Board of Censors, reported sixty-three names of physicians, who, being proved eligible, were elected to membership in the Institute.

Dr. D. S. Smith and Dr. Walker, of the Committee on Medical Education, having no report to offer, were discharged. Dr. Thayer moved that a new Committee of five be appointed, and, after some discussion, Drs. C. J. Hempel, of Grand Rapids, Mich.; T. G. Comstock, of St. Louis; D. S. Smith and G. D. Beebe, of Chicago, and H. B. Clarke, of New Bedford, were appointed a Committee on Medical Education to report at the next session.

The Bureau of Materia Medica, Pharmacy and Provings presented its report, which included papers from Drs. William E. Payne, C. Wesselhœft, E. M. Hale, Walter Williamson and S. B. Barlow.

Dr. Payne made his subject Provings of *Lilium Tigrinum*, and stated that previous provings of this plant had been upon male subjects, with the tincture from the flowers only. In the present provings the drug in use was produced by macerating leaves, stalks and flowers in alcohol, and included provings upon the female. Dr. Payne expressed his belief that the medicine would become very useful in combating special female diseases.

Dr. C. Wesselhœft selected for his provings the *Iris versicolor*.

He presented schedules of symptoms obtained by himself and other physicians, and the conclusions were expressed that the drug would prove useful in diseases of the bowels, head and bronchial organs, with a possibility that further provings would find it a remedy for female complaints during pregnancy.

Dr. E. M. Hale presented provings of *Ptelea trifoliata*. The experiments were made upon several physicians and other individuals of both sexes, and the symptoms very carefully noted. Clinical observations seemed to prove the medicine appropriate to eruptive diseases, diseases of the liver and kindred affections of the stomach, with also phthysical and asthmatic complaints influenced by its action. Dr. Hale's history of the plant, its preparation and administration, was very elaborate.

Dr. Walter Williamson followed with a brief treatise on "Materia Medica, Therapeutics and Pharmacy," in which he pointed out the necessity for the proper nomenclature of drugs, a carefully prepared arrangement of therapeutics, and a more extensive and conscientious pharmacy for the homœopathic preparations with classification, whether tinctures, macerations or triturations.

Dr. S. B. Barlow presented a "Brief History of the Homœopathic Materia Medica," in which he traced the progressive steps of the new school, from Hahnemann's great discovery, through the experience and writings of every great follower of Hahnemann, and proved conclusively how far true medical science had triumphed over old-time empiricism. Dr. Barlow sounded his notes of praise bravely, and ended with a glowing prophecy of the future good to be promulgated by the advancement toward perfection in the treatment and prevention of diseases that must follow the true and faithful following of the doctrine of Homœopathy.

Dr. J. C. Morgan, of Philadelphia, presented a paper with diagrams on the classification of medicine. This article called forth much discussion, and was accepted, but never appeared, having been lost or mislaid.

The Bureau of Organization, Registration and Statistics presented a report at the hands of its Chairman, Dr. Henry M. Smith, of New York. He made a general report, recommending many changes in the Articles of the By-Laws to suit the increasing membership, and the creation of new Bureaus, whose reports on their special subjects would greatly simplify the fulfillment of the duties and promote the increase of professional knowledge

among the members of the Institute. Under the head of Registration there were suggestions concerning the preparation of a carefully compiled Directory of Physicians, literature, hospitals, etc., all through the United States, and that a system of general statistics should be established and published which would give material aid to the Institute in particular and the membership in general.

Reports were received from numerous homœopathic institutions.

T. F. Allen, M. D., of New York, one of the surgeons of the New York Ophthalmic Hospital, gave a verbal description of the manner in which that institution was changed from old school to homœopathic management. C. J. Hempel, M. D., of Grand Rapids, told of the same system of change being adopted in Michigan, the matter being arranged by obtaining a majority of trustees for the associations who were of homœopathic tendencies.

By the conversion of the Board of Regents, Dr. Hempel fully anticipated that the State University of Michigan would eventually become homœopathic.

Drs. E. C. Franklin and G. D. Beebe offered resolutions in appreciation of the conversion of that University and of Dr. Hempel's noble efforts toward that end. After much discussion these resolutions were referred to a Committee composed of Drs. Franklin, Beebe and Morgan.

Dr. Franklin then described a surgical case which he had treated, resulting in the relief of imperforated anus of a boy thirteen months old.

On Wednesday evening Henry B. Clarke, M. D., of New Bedford, Mass., delivered the annual address to a very attentive audience. He took for his subject "The Homœopathic Idea in Therapeutics," and traced the stepping-stones by which Hahnemann reached the knowledge of the application of the law, *Similia Similibus Curantur*. It was no new law, many old-time doctors having been upon the eve of making the discovery that dawned upon Hahnemann, not accidentally, but through indefatigable labor, research and provings upon his own system. The moment the brave physician made the discovery he proceeded without delay to prove and practice the doctrines. Sturdily he held to his belief in spite of opposition, disgrace and, at last, actual persecution. Alone he stood among his colleagues, willing and anxious to disclose to them that which he considered only a new era in the treatment of sickness. It was not the size of the dose upon which

the doctrine depended, because Hahnemann did not, at that time, insist upon small doses, and allopaths were in the habit of administering very small doses of certain drugs. Nor did the Scientist base his practice without reserve and entirely upon *Similia Similibus Curantur* until he was thoroughly convinced that in treating disease he must give up much of the materialism in medicine which aimed to account for vital changes, and to make medicine produce opposite conditions. He realized that physicians must lay aside all such theories and deal solely with the facts of vitality. And this simplicity led his generous opponent to say that if Hahnemann's method was the true one it would be the "grave of medical science."

Dr. Clarke showed how the numerous branches of study, necessary to the education of the old school practice, were equally important to the new school student, and that the chief, it might be said the only radical, point of difference was the selection of the medicines which were intended to cure the patient, or rather to so act upon the sick person as to enable him to resist the inroads of disease, and thus aid his return to a healthful condition. In this selection of remedies the therapeutics of the two schools differ essentially, because by the very nature of their style of meeting diseases they can only by chance make use of the same remedy for like maladies, the difference, simplified, being that the allopath tries to act upon the disease; the homœopath proceeds at once to prepare the system to sustain itself against it. Undoubtedly old school practice cured its thousands, but Dr. Clarke used Charles Lamb's story of the first roast pig to show by what means the result had been attained. The delicious meat had been discovered by the accidental roasting of pigs in a burning house, and so when people desired a feast of roast pig all they had to do was to put pigs in a house and then burn it; and it took some time and the loss of much property before some one discovered that pigs could be roasted without demolishing whole houses. Thus allopathy had destroyed many lives while succeeding in curing the few, until Hahnemann came to show that medical treatment could be and should be based upon a true science in which empiricism was not only unnecessary, but actually wrong. The remedies used in Homœopathy are not selected for either physical qualities or chemical affinities, nor for the speculative qualities existing in them, but are prescribed entirely from the particular effects they have been proven to produce on the living human organism. Dr.

Clarke made use of the names of several remedies in showing how the old and new school used the identical drugs, but by very different avenues; the one school by experiment upon the diseases the other by the positive known relation between the medicines and the parts of the body upon which they are to act, the symptoms proving the relation beyond doubt or question. He held that Homœopathy was not merely an antagonistic theory, evolved for the aggrandizement of certain advanced scientists, but a pure doctrine founded upon fact, and as such it will one day be universally accepted because of the success that must always attend its unswerving practice.

At the conclusion of this address Dr. William Tod Helmuth offered a resolution, which was unanimously adopted :

“Resolved, That the thanks of the Institute be tendered to Dr. Clarke for his able and interesting address, and the happy manner in which he has combined the professional and popular ideas of Homœopathy, and that a copy of the address be requested for publication.”

At the meeting on Thursday morning a set of resolutions relative to the Michigan University was reported by Dr. G. D. Beebe, and after much discussion for and against them they were adopted:

J. C. Morgan, M. D., offered the following resolutions, which were also adopted.

“Whereas, In many communities the civil authorities have repeatedly shown a disposition friendly to the claims and rights of homœopathic physicians to seats on Boards of Health and other branches of the public service; therefore,

“Resolved, That such action of public officers is observed with the highest interest and approval by the practitioners and friends of Homœopathy, comprising a large body of the most respectable citizens of the United States.

“Resolved, That the friends of Homœopathy will sustain, in all proper ways, such officers as may take action in accordance with the just claims of our school.”

The case of Dr. J. B. Bailey against Dr. J. C. Neilson, both of Charlestown, Mass., was next presented, but the Institute not being prepared to undertake it, the matter was referred to a Committee of five to investigate the charges. This Committee was composed of Drs. J. P. Dake, E. B. Thomas, L. M. Kenyon, E. C. Franklin and C. J. Hempel.

The Bureau of Clinical Medicine and Zymoses made their report through their Chairman, H. D. Paine, M. D., which consisted of several articles.

S. M. Cate, M. D., offered "Some Suggestions Upon Hydrothorax." This article was a full description of the condition, whether of heart or lungs; the causes, the effects upon contiguous organs and the remedies found most effective in his personal practice.

William H. Holcombe, M. D., had for his subject "The Epidemic of Yellow Fever in New Orleans in 1867." In this article Dr. Holcombe treated of the dreadful scourge, of its virulent action, its periodic returns as an epidemic and the empirical treatment to which its victims were subjected until the advent of Homœopathy; since which time the disease has found its remedies and the terrors of the deadly epidemic are becoming less and less pronounced in the districts in which the new school has had full power to act. The doctor predicted a time when the dire malady would entirely succumb to homœopathic treatment and homœopathic sanitation toward the prevention of its recurrence, until then considered absolutely uncontrollable.

George E. Belcher, M. D., described a severe case of obstruction of the bowels and his successful treatment; the case being a student of very sedentary habits and peculiar carelessness of his bodily conditions.

David Cowley, M. D., presented his experience with a case of tuberculosis with sound lungs. Dr. Cowley was only permitted to treat the patient when all hope of recovery was past, but he gave the case, with the results of the autopsy, to prove that tuberculosis can exist in other organs without seriously involving the lungs.

John J. Mitchell, M. D., gave an elaborate paper on "Thermometrical Phenomena in Disease," giving the diseases in which the use of the thermometer is advantageous, and reciting many cases in which the progress of the disease was regulated by the physicians in attendance, who resorted to the use of the instrument in diagnosis.

P. P. Wells, M. D., read a lengthy paper upon "Therapeutics as Related to Pathological Anatomy," which created quite an ardent discussion.

William Tod Helmuth, M. D., Chairman of the Bureau of Surgery, made a short speech on presenting the report of his Bureau. The papers presented were:

J. Beakley, M. D., on Strangulated Hernia and Ligature of the External Iliac Artery.

G. D. Beebe, M. D., on Acupressure and Other Cases.

J. C. Morgan, M. D., on Cases from Practice.

L. H. Willard, M. D., on Pittsburg Hospital Cases.

T. G. Comstock, M. D., on Surgical Experiences.

J. H. McClellan, M. D., on Caries of the Ankle Joint.

H. H. Hofmann, M. D., on Rupture of the Thoracic Artery in a New-born Infant.

Dr. Franklin showed a patient from whom a large portion of the lower jaw had been removed for osteo-sarcoma. The disease had not returned after the operation, though it had been greatly developed.

Dr. Helmuth exhibited a photograph of a boy whose foot had been dislocated and who had been treated by old school physicians for caries of the bones of the foot. Dr. Helmuth reduced the inflammation, restored the dislocated bones and cured the case. He also showed a case of aneurism of the carotid artery, with venous anastomosis, which he proposed to treat with acupressure, and promised to report the progress of the case to the Institute.

The Bureau of Obstetrics was represented by R. Ludlam, M. D., who presented a paper on Spasm and Rigidity of the Os Uteri.

T. F. Allen, M. D., Chairman of the Bureau of Anatomy, presented a report, which was accepted.

J. H. P. Frost, M. D., of the Bureau of Physiology, presented a report on the general subject of Physiology.

H. S. Chase, M. D., of St. Louis, exhibited an individual from that city whose skin had been entirely changed in color by the administration of nitrate of silver in treating epilepsy.

The Secretary read a concise report of the International Convention at Paris, from Bushrod W. James, M. D., delegate to the Convention, August 9, 1867.

The Committee on the Code of Medical Ethics presented their report, and on motion of Dr. H. B. Clarke it was unanimously adopted as the Code of Ethics of the American Institute of Homœopathy and ordered to be published with the By-Laws and Constitution.

At Dr. J. J. Youlin's suggestion a resolution of thanks was extended to Dr. Carroll Dunham and his colleagues for their success in preparing this Code of Ethics.

R. Ludlam, M. D., offered two resolutions relating to the selection of subjects for the annual address of the Institute which called forth quite an earnest discussion among the members. Dr. Ludlam afterwards withdrew his resolutions, saying that he had offered them chiefly for the purpose of provoking argument.

On Thursday afternoon the members of the Institute, with their lady friends, were entertained by an excursion on the river to Alton, and during the return trip a grand collation was tendered them in the saloon of the steamer, at which Mayor Thomas presided.

On Friday morning, June 5th, when the Institute convened, the Bureau of Hygiene presented its report with papers from:

Carroll Dunham, M. D., on "The Province and Medical Application of Hygiene."

N. D. Tirrell, M. D., on "Atmosphere and Water."

C. W. Boyce, M. D., on "Alcohol as a Hygienic Agent," and Henry S. Chase, M. D., on "Formation of Sound Teeth and the Shedding of Deciduous Teeth."

The Bureau of Obstetrics made further reports in papers by the Chairman, H. N. Guernsey, M. D., on Obstetrics, how to prescribe in peculiar cases, and the treatment by medicine of improper development in female functions, together with an important mention of the careful treatment of infantile colic, and by J. H. Woodbury, M. D., on "Notes in Obstetrics," in which he mentioned the proper use of the forceps, the prevention and treatment of puerpural convulsions, puerpural hæmorrhage and retained placenta.

The Bureau of Organization, Registration and Statistics again lifted its report for discussion and apparently much valuable time was consumed in irrelevant arguments, until Dr. Morgan offered a resolution that was cordially adopted, viz.:

"*Resolved*, That in the meetings of the Institute, the first business in order, after the completion of the annual organization, shall be the presentation of reports of bureaus and of all other scientific papers; and that the miscellaneous business shall follow the same."

Dr. T. S. Verdi offered a resolution proposing that the "American Institute of Homœopathy shall issue a tri-monthly Medical Magazine, to be called the Organ of the American Institute of Homœopathy."

This resolution was referred to a committee of five, Drs. Verdi,

Franklin, Belcher, Smith and Hempel, to report at the next session of the Society.

A short discussion followed upon the propriety of endorsing the "Homœopathic Dispensatory" prepared for publication by Dr. E. A. Lodge, of Detroit, but the motion to accept the proof sheets for approval was laid over.

Dr. Baer offered a resolution—"That Congress should be memorialized in relation to the introduction of homœopathic practice in the army and navy for those who desire it, and the American Institute of Homœopathy requests the various homœopathic societies in the United States to present petitions accordingly." The resolution was adopted.

On motion of Dr. H. M. Smith, John Moore, M. D., of Liverpool, England, was elected an Honorary Corresponding Member of the Institute.

The president then announced the Bureaus and Committees for next year.

After one of the most interesting and profitable sessions that the Institute ever enjoyed, and with a vote of thanks to the officers, to their entertainers and to the City of St. Louis for its hospitality, the Institute adjourned, to meet again at Boston, on Tuesday, June 8, 1869

COMPARATIVE STATISTICS FROM LOUISVILLE CITY HOSPITAL.

The entire medical staff of the City Hospital in Louisville is composed of an equal representation from six medical colleges, five old schools and one homœopathic. Each old school college appoints its own medical and surgical staff, each of which has charge of five-sixths of all the patients in the hospital at one time, serving in successive order a term of two months (the remaining two months are filled by other physicians in the city), while the staff appointed by the Southwestern Homœopathic College is on duty all the year round and receives every sixth patient admitted. The homœopathic patients lie in the same ward, side by side with their fellow sufferers of the old school, receive the same nursing, the same kind of food, and are, of course, subject to the same atmospheric and mental influences. The only difference in the treatment of these two classes of patients is in the medicines they receive. It does seem, therefore, that this arrangement

should afford a fair chance for the demonstration of the comparative value of the therapeutics of the two schools. Drs. Clendenin and Askenstedt collected, with this purpose in mind, the records in the official ledgers from April 1, 1899, when the above organization of the staff went into effect, until December 1, 1901,—a period of 32 months. During this time there have been, in the medical wards, 398 deaths on the old school side, while the homœopaths lost only 73—a gain under homœopathic treatment of 8.3 per cent. That this favorable showing can not be accounted for by an unusually large number of homœopathic patients being admitted to the surgical wards is apparent from the figures obtained from the cases under surgical treatment: 103 cases in the old school hands were lost and only 11 under the care of the homœopaths—a gain of 46.6 per cent. Nor can it be accounted for by any undue desire on the part of the homœopathic internes to make a record by dismissing cases of incurable diseases prematurely, for although the cases of malignant tumors are slightly in their favor—2 deaths to 17 of old school,—the cases of pulmonary phthisis, which are usually admitted in the last stage, bear the exact proportion of one to five—21 deaths under homœopathic treatment to 105 under the old school—while in organic heart disease the comparison is most unfavorable to the homœopaths—10 to 29.

Since the official records of the hospital are open to any investigator, a confirmation of the above figures can easily be obtained.

LEUCORRHŒA: ITS SYMPTOMS, CAUSES, PROGNOSIS, DIAGNOSIS AND TREATMENT.

By Sarat Chandra Ghose, M. D.,

Lecturer on Materia Medica and Diseases of Children
at the Calcutta Oriental Homœopathic School.

DEFINITION.—Leucorrhœa is an ailment which consists of a morbid secretion and discharge of a mucous or muco-purulent fluid from the lining membrane of the uterine cavity, or of the vaginal canal. Although the term Leucorrhœa literally signifies a white discharge, it generally consists of a white, or yellowish white, or greenish discharge. In short, it includes several varieties of non-hæmorrhagic secretions and discharges.

SYNONYMS.—Menstrua alba; fluor muliebris; catarrhus genitalium; the whites.

SYMPTOMS.—Commonly the discharge resembles the common vaginal mucus. In other cases it is in appearance of white, cream-yellow or greenish color; it is thin and watery, or resembles in consistency, starch or gelatine. In some cases it bears a curdled appearance, or is a thick, tenacious mucus. Sometimes it has the appearance of pus and possesses an acrid and corroding quality. In point of quantity considerable diversity is seen in different patients. In some cases it is not very profuse, while in some others the discharge is extremely copious. When copiousness of the discharge exists and the discharge is of a pungent quality, redness, swelling and pain are experienced in the external parts of the genital organs, and this condition of inflammation or irritation commonly extends into the vagina, and even to the mouth of the uterus, rendering the entire canal extremely sensitive to touch. If the malady is suffered to run its course for a long time, it hardly fails eventually to tell upon the health of the patient and to exert a deleterious influence upon the whole system. The patient is often confined to bed. The pain is especially very excruciating early in the morning; the countenance gets pallid and sickly; the eyes become dull, languid, and are encircled by a bluish circle; gloominess, discontentment and fretfulness trouble the patient; the whole system becomes debilitated; the extremities are cold; the pulse is small and weak, or small and frequent; the functions of digestion are deranged, associated with acid eructations; there are pains in the back, loins, abdomen and lower extremities; constipation or diarrhœa exists and pain is felt in passing urine. In severe cases the discharge gets more and more profuse and purulent; the nervous system is considerably shaken; the relaxation and languor of the muscular system assume an aggravated character, while the pulse is seen to be more frequent and irritated; dulness of eyesight and hearing appears; sexual coition is either loathed or the desire is lost, and any attempt aggravates the symptoms; the power of conception is absent; burning of the palms and soles are greatly felt; any physical exertion, however slight it may be, brings on hurried respiration and palpitation of the heart. In very severe cases the powers of digestion at last get extremely weak; nausea and vomiting often manifest themselves, and eventually hectic and swift emaciation comes on. In some instances the fatal termination is delayed, and the unfortunate sufferer passes through all the varied manifestations of agony from simple pain to excruciating torture,

and leaves the world forever calmly and quietly, while in others delirium or convulsion comes on and the patient suddenly dies. Fortunately, however, instances of this severe nature are not generally to be met with. The great majority of cases are much less violent, although they cause much annoyance and weakness and do not become a source of danger and anxiety. The females who habitually fall victims to the inroad of leucorrhœa very seldom possess the power of conception; and if the leucorrhœal secretion be copious, it may be doubtful whether pregnancy can at all take place. In the majority of severe cases total suppression of the menses arises; and rather in all instances much irregularity is, more or less, observed, with regard to both time and quantity. In some cases the menses appear in the form of menorrhagia, but frequently they come on with scanty discharges for a day or two, followed by an aggravated flow of the leucorrhœal discharge.

Some say that the malady proceeds from relaxation or debility, while some others assert that it is due to an irritation or inflammation of the affected parts. That the mucous membrane of the vagina and mouth of the uterus remains in the state of an irritated and even sub-inflamed excitement in this ailment is an uncontested fact; but it must be borne in mind that irritation or inflammation is by no means incapable of co-existence with debility in the same structure. It is true that inflammation of an active kind often manifests itself in the course of the disease, but it is equally true that such inflammation is a mere casualty and by no means a concomitant factor of the malady, and this is well proved by the continuation of the disease, although all inflammatory symptoms have subsided. If we consider the relation of the general system of the patient, the terms, relaxation and debility fall within the category of the causation of leucorrhœa in a great majority of instances. The relaxation, common debility, the languor, the feeble pulse which hover about the patient in profuse leucorrhœa, prove, without a shadow of doubt or contradiction, the correctness of the observation.

Leucorrhœa is more frequently met with in the wealthy, idle, luxurious and dissipated, and in those who live in crowded towns rather than in those of active and regular habits and in persons living in the country.

CAUSES.—Leucorrhœa may proceed from various causes. Commonly, whatever is apt to bring on relaxation of the system, as a luxurious, idle and sedentary manner of living; habitual exposure

to a cold atmosphere and want of pure air and wholesome nourishment are frequently the fruitful sources of the disease. It is frequently met with in delicate females of a relaxed, leuco-phlegmatic and nervous habit of body. Those who possess a rigid fibre and a robust structure generally escape from the attack of this disease. Anything which may produce an irritation in the mucous membrane of the vagina and establish an unnatural determination of blood to the genital organs may excite an attack of leucorrhœa.

Cold, congestion, want of tone in the system, indolent and sedentary habits, scrofulous constitution, chlorosis, anæmia, want of cleanliness, weakness produced by long-lasting illness, a hot climate, the use of irritating washes or applications or purgative drugs, impure coition, excessive coition, excessive sexual intercourse and similar causes of sexual irritation, debauchery, the presence of malignant and other growths in the reproductive tract, prolapsus uteri, fistula, ulceration, syphilis, endometritis, piles, stones or catarrh of the bladder, suppression of the menses, measles, scarlet fever, small pox, gonorrhœa, cancer, scrofula, tuberculosis or any septic infection, prolonged lactation, excessive menstruation, etc., are the local and constitutional causes of leucorrhœa.

The most general and powerful exciting causes are the following:

1. Frequent and copious menorrhagia generally brings on an attack of leucorrhœa in the long run.
2. Excessive sexual intercourse.
3. If the parturition be associated with difficulty, or if any irritation be caused by the employment of obstetrical instruments, it may be apt to predispose the system to an attack of leucorrhœa.
4. Prolapsus uteri is almost always associated with more or less leucorrhœal discharge.
5. Thread-worms always keep up a steady irritation in the rectum and adjoining parts, or enter into the vagina, and thus give rise to leucorrhœa in young girls and children.
6. Heaviness and torpidity of the bowels are the frequent causes of this ailment in young females.
7. The mal-administration of emmenagogues frequently brings on an attack of leucorrhœa.
8. If the inward susceptibilities of females be excited by some saddening mental emotions, and if they weaken the general sys-

tem and facilitate a slow circulation in the portal system of vessels leucorrhœa may appear.

9. Self-pollution is considered to be one of the causes of the disease.

10. Atmospheric influences exert a powerful bearing upon the causation of the disease.

11. Suppressed hæmorrhoids, mechanical injuries, disease of the uterus, etc., may all bring on an attack of the disease.

DIAGNOSIS.—If the discharge appears to be simple fluid, not very creamy and yellowish, and the accompanying pain is not very great, the disease may proceed from a simple irritation or inflammation of the reproductive tract by debauchery, intemperance, mechanical injury, irritating local applications and weak health.

If the discharge is copious and semi-purulent, it may proceed from ulceration of os uteri.

If it is copious and bloody, increasing after exertion or sexual intercourse, it may be due to cancer in the uterus.

If it is copious, and the discharge increases during menses, but not stained, it is due to polypus uteri.

If the discharge is copious and colorless, but fœtid and increases at the termination of menstruation, it may spring from vegetative growths in the uterine cavity.

If the flow is less profuse, thick and tenacious, rather acrid and sanious, but not fœtid, it is owing to the presence of syphilis.

If it is profuse and watery and excoriates the parts it may proceed from constitutional weakness.

If the discharge is only watery, slightly whitish, but not fœtid, and increases as the menses approaches, it is due to debauchery and excessive indulgence in sexual intercourse.

If the discharge is a profuse tenacious albuminous fluid, looking like the white of an egg, it is undoubtedly associated with disease of the cervical canal. This form of leucorrhœa stands in the way of conception by blocking up the os uteri with a string of viscid mucus which cannot be totally taken away.

PROGNOSIS.—The treatment of leucorrhœa is very often attended with great difficulty. Although it is a local disease in the highest acceptation of the term, it hardly fails eventually to bring on a sad derangement of other organs, and to tell, by degrees, and to all intents and purposes, upon the health of the sufferer. This phenomenon is, of course, seen only in long-lasting and acute cases. Whether the disease is primary or consequent, we shall pay particular attention to the general health of the patient.

General or constitutional indisposition always stands in the way of recovery and of curing the existing local maladies.

If the constitution of the patient is not much affected, and if the structural modifications in the reproductive organs be not accelerated, we may predict a favorable prognosis; while on the other hand, if the structural lesion is very prominent, constitution much taxed and some specific poison found to be present in the blood or body, the prognosis would be generally associated with very unsatisfactory results. The allopaths would profess to cure this malady, but who has had practical experience and intimate knowledge of it is painfully conscious of the patent fact that it is extremely difficult to barricade the progressive inroad of this trying malady to which young maidens and females of all classes fall a prey. But fortunately the case is not so with the Hahnemannian remedies. We can reasonably hope to put a stop to and eradicate this malady if we can make an appropriate selection of our remedies. Leucorrhœa largely prevails amongst women of warmer latitudes, which usually bring on a sad relaxation of the system and give rise to lassitude. The frequency and inflexibility of this fell disease have caused the market to be inundated with innumerable quack-nostrums.

TREATMENT.

Arsenicum album.—It is used in leucorrhœa of old women; thin, burning leucorrhœa with too frequent and copious menstruation and with anguish and restlessness at night; chronic endometritis, associated with menorrhagia in weak women; profuse, yellowish, corroding discharge and pressive, burning pains exist in the ovarian region, extending into thighs, aggravated from motion, cold or stooping; dropping while standing or emitting flatus.

Alumina.—It is the "Aconite of chronic diseases;" profuse, yellow, corrosive discharge, aggravated before and after the menses; profuse, transparent or acrid mucus which flows only during the day (*Platina, Sepia*), associated with great weakness and feeling as if everything would fall through vulva and running down in excessive quantities to the heels; leucorrhœa is as white as starch, totally bland and without pain; burning in pudenda, sore feeling in vulva and rectum, rendering walking difficult; leucorrhœa with raised itching spots in vagina; leucorrhœa which is ameliorated by cold washes or bathing; leucorrhœa with vertigo,

constipation from loss of power in lower abdomen, flat taste and dryness of throat; it is adapted to spare, dry, thin, chlorotic subjects with abnormal appetite and extreme sexual excitement.

Ambra.—It is used with much benefit in those cases of leucorrhœa which appear only at night with thick, bluish-white mucus and stitches in vagina. It is especially adapted to extremely nervous, hysterical female subjects; used also in bluish leucorrhœa.

Ammonium carbonicum.—It is especially indicated in leucorrhœa which is watery, burning from the uterus or acrid, copious from the vagina; acrid leucorrhœa, with a feeling of excoriation or ulceration about the vulva; the clitoris is in a state of irritation; premature menses with abundant blackish flow, preceded by pale face and griping colic; sleep comes on by day, but the patient is sleepless at night; adapted to weak and delicate women; aggravation takes place during menses, and amelioration from lying on abdomen or on painful side.

Ammonium muriaticum.—The discharge appears like the white of an egg, preceded by pinching pains about the navel; brown, slimy, painless or in some cases painful leucorrhœa after every micturition; diarrhœa and vomiting appear during menses; tension is felt in the abdomen.

Argentum nitricum.—It is used in leucorrhœa with copious, yellow, mucous, corroding, bloody discharge; irregularity of the menses exists; prolapsus with ulceration of os or cervix; sexual intercourse is very painful, associated with bleeding from vagina.

Aurum.—It is employed in leucorrhœa which bears a syphilitic or scrofulous origin, with profuse, yellow, corroding thick or white discharge, accompanied by prolapsus uteri, worse from walking or in cold air; menstrual and uterine ailments, with great melancholy.

Belladonna.—Severe endocarditis, cervix being sore, swollen, red; bearing-down pains and colicky feeling with leucorrhœa as if the contents of the abdomen would issue from the vulva, worse from sitting bent and walking and in morning, and better by standing and sitting erect; leucorrhœa is very copious in the morning. *Bell.* is the acute of *Calcarea*, which is frequently needed to effect a complete cure. It is also used in leucorrhœa with colicky pains, appearing suddenly and disappearing suddenly.

Borax.—Copious, starchy, white, albuminous leucorrhœa, with sensation as if warm water were escaping, totally painless; leu-

orrhœa just midway between the catamenia; menses appear too early and too copious.

Bovista.—Leucorrhœa appears a few days before or after menses; thick, slimy, tenacious, viscid or acrid or corrosive mucous discharge, flowing in a coagulated mass or clot; yellowish-green leucorrhœa, which leaves green stains upon linen; soreness of pudenda; the flow of menses appears only at night.

Calcareæ carbonica.—It is used in leucorrhœa of children and before puberty; chronic leucorrhœa in infants and in women of weak and psoric constitution, especially those in whom menstruation appears too early, too copious and too long-lasting; leucorrhœa appears before and after menses; leucorrhœa has a milky appearance, associated with burning or itching or pains shooting through the parts, worse after exercise; leucorrhœa with great debility and lassitude or sinking and trembling at the stomach; leucorrhœa with accumulation of thick, tenacious mucus about genitals and burning in urethra; much mucus between labia and thighs, with cutting pains; copious perspiration on upper part of body and forehead; cold, damp feet as if they had been on damp stockings; the slightest mental agitation gives rise to profuse return of menstrual flow; leucorrhœa is aggravated by day or when passing water or after exercise.

Calcareæ is the chronic of *Bell*. “Burning, itching leucorrhœa; just before menses.” Hahnemann’s Therapeutic Hints; collected by Dr. R. E. Dudgeon.

Carbo animalis.—It is employed in scrofulous and exhausting leucorrhœa; induration of the neck of the uterus; acrid, burning, smarting leucorrhœa.

Carbo vegetabilis.—The secretions are very foul; morning, acrid leucorrhœa, which excoriates the parts, with itching; aphthæ of the vagina, with considerable itching, heat and redness; thin, profuse, milky leucorrhœa appears in the morning when rising; bloody mucus from the vagina.

Caulophyllum.—Acrid, debilitating leucorrhœa; catamenia is suppressed in young girls or in nervous, weak women with relaxed or displaced uterus; especially after abortion; it is very useful in leucorrhœa of little girls with great debility, mucous or albuminous discharge, heaviness of upper eyelids, which must be lifted up with the fingers; “moth spots” are seen on the forehead; leucorrhœa in sterile women.

Causticum.—Copious discharge of leucorrhœa, which flows like

menses, and has the same odor; leucorrhœa appearing only in the evening or night or aggravated at night: scantiness of menstrual flow; ropy, transparent discharge; acrid leucorrhœa, which produces itching in vagina and between legs.

China.—It is used for the consequent weakness which hovers about the patient after long-lasting or profuse discharges and also after other weakening maladies which have brought on leucorrhœa; leucorrhœa instead of or preceding the menses, with pressing pains in the groin.

Cimicifuga.—It is used in leucorrhœa associated with rheumatism; irregularity of the menses; leucorrhœa with feeling of weight in uterus; uterine inertia; ovarian neuralgia; pains on vertex; over and in eyes.

Cina.—If leucorrhœa proceed from worms.

Cocculus.—Leucorrhœa like serum which is mixed with a purulent, ichorous, bloody fluid; leucorrhœa appears in place of menses or between periods; the discharge looks like the washings of meat, gushing out on bending or squatting down; leucorrhœa with pain in abdomen, as from a heavy load or stone, or feeling as if the abdomen were full of sharp stones which rubbed together every time the patient moves; the pains are aggravated after eating or drinking anything cold; leucorrhœa during pregnancy.

Conium.—It is one of the best remedies in an attack of leucorrhœa during pregnancy and in indurations, especially of a psoric nature or from injuries; leucorrhœa exists with pain in hypogastrium extending to thighs and extremities; sharp pains in back or chest beginning in breast; vertigo on lying down or turning in bed or moving the head slightly or even the eyes; thick, milky or acrid mucus which produces burning with contractive, labor-like pains; leucorrhœa in children or old maids; bloody mucus instead of leucorrhœa; prolapsus uteri complicated with induration, ulceration and copious leucorrhœa; great difficulty is experienced in passing urine, flow is intermitting and then flows again, and constipation; leucorrhœa with colicky pains in abdomen with lameness of small of back. "White, acrid, burning leucorrhœa; smarting, excoriating." Hahnemann's Therapeutic Hints, collected by Dr. Dudgeon.

Eupatorium purp.—It is used in uterine leucorrhœa which is produced by exhaustion of uterus and long-lasting metritis; the patient is under the delusion that the external genital organs are wet.

Ferrum.—Watery, milky, acrid or sharp leucorrhœa with soreness; smarting and corroding when first coming on, with dragging pains in loins, pelvis and thighs; leucorrhœa may coexist with hysteria and chlorosis; leucorrhœa with heaviness and weight in abdomen when walking, as if viscera would fall down.

Graphites.—Induration and congestion of cervix; very copious leucorrhœa of very thin, white mucus, coming in gushes day and night, with great weakness, ulceration and soreness of pudenda; leucorrhœa before and after menses (before *Sep.*, after *Kreos.*); leucorrhœa with chronic constipation; leucorrhœa with distention of abdomen; profuse leucorrhœa of thin, white mucus, with weakness in back and sacrum; marked aversion to sexual intercourse.

Hamamelis.—It is the "Aconite of the venous capillary system;" is adapted to venous hæmorrhage from every orifice of the body; is suited to blondes with leuco-phlegmatic temperament; moderate or profuse discharge, more or less occupying the place of catamenia, with considerable pain about the groin and scalding urine.

Helonias.—It is used in old long-lasting cases without the presence of any congestion; leucorrhœa with relaxation of the womb and its appendages; leucorrhœa with stitching, swelling and inflammation of vagina; pruritus; it has the power of improving the tone of the sexual organs and of correcting the co-existing general weakness as well.

Hydrastis.—It is used in leucorrhœa with yellow, thick, tenacious discharge, either vaginal or uterine, hanging from os in long, viscid strings with sinking feeling and coated tongue; leucorrhœa complicated with hepatic disorder and constipation; leucorrhœa with abrasion or superficial ulceration of the parts and co-existing indigestion and weakness; pruritus vulvæ; hæmorrhoids.

Iodine.—The leucorrhœa is acrid and corroding and stains the linen; leucorrhœa is most abundant at the time of menses; it is especially adapted to the persons of a scrofulous diathesis, with dark or black hair and eyes; emaciation is marked.

Kali bichromicum.—It is especially adapted to fat, light-haired patients; yellow, tough, stringy mucus which adheres to the parts and can be drawn into long strings; prolapsus uteri; the complaints come on and are aggravated in hot weather; weakness of digestion; habitual constipation.

Kali carbonicum.—Yellowish discharge associated with itching and burning in vagina; mucous, acrid, corrosive leucorrhœa; the

menses have a pungent odor and are very acrid; the patient feels badly, weak before menstruation; backache appears before and during menses; anæmia in fat, flabby old women.

Kreosote.—Menses and leucorrhœa are inclined to be intermittent; the discharge nearly disappears, when, to her utter amazement, it comes back as bad as before; the menses appear to be flowing on lying down and disappear on sitting up; profuse, acrid, yellow, corroding, offensive leucorrhœa with itching, cutting and burning in pudendum between labia and thighs; acrid, white leucorrhœa which leaves yellow spots on linen and stiffens it like starch; white, painless leucorrhœa which has the odor of fresh, green corn; is especially adapted to a cachectic state during and after climacteric period or to blonde, overgrown girls of dark complexion with a sad, irritable disposition; is followed by *Arsenic* and *Sulphur*; aggravation takes place from cold and amelioration from warmth.

Lachesis.—Profuse, smarting, stiffening discharge which stains the linen greenish, with predisposition to faint or to hysteria immediately before menses appear; hot flashes, hot perspiration, irregularity of the menses during climaxis; the patient can not bear the slightest pressure upon uterine region; great sensitiveness to touch reigns, can not bear bedclothes or night dresses to touch abdomen, not because sore or tender, but clothes make her uneasy and nervous; menses appear at regular time; too scanty, short, feeble; the pains are relieved by the flow and always better during menses; the left side of the body is principally affected.

Lilium.—Leucorrhœa associated with bearing-down sensation in abdomen and uterine region, as though all organs would escape, the feeling being aggravated in the afternoon till midnight; then amelioration takes place till next afternoon, when the same symptoms come back, relieved by sitting or lying down or pressure of hand; the menses appear early, dark in color, scanty in quantity, offensive in odor; flow only when the patient moves about, cease to flow when she ceases to walk; great depression of spirits; can hardly avoid weeping; aimless, hurried manner; weak and atonic conditions of uterus, ovaries, proceeding from ante-version, retro-version, sub-involution; the left side of the body is chiefly affected; leucorrhœa excoriating the whole perineum.

Magnesia carb.—Thin, scanty leucorrhœa appears after menses, with pinching pain around umbilicus; acrid, mucous discharge, preceded by sore throat; labor-like pain, griping colic, backache,

debility, chilliness; the menses flow only at night or when lying, disappearing when moving about. (*Kresot.*, reverse of *Lilium*.)

Magnesia muriatica.—Leucorrhœa preceded by hysterical uterine or abdominal pains which extend into the thighs, and followed by metrorrhagia; profuse discharge of thick mucus sets in after exercise, with every stool; the stools are constipated; crumbling at the verge of anus.

Mercurius.—Acrid, burning, yellowish leucorrhœa, containing pus or lumps, with soreness and itching, always worse at night; debility, coldness, sallow complexion.

Millefolium.—It is principally used in the leucorrhœa of children, arising from atony of vaginal mucous membrane; lochia suppressed or too profuse.

Murex purp.—Greenish, watery, or thick, bloody leucorrhœa, appearing only in daytime; great sexual excitement comes on from the slightest contraction of the parts; bloody leucorrhœa during stool; pains are felt in loins and hips, especially when lying in bed (*Sep.*, reverse); profuse menses with soreness of the uterus.

Natrum carbonicum.—Great weakness from the slightest mental or physical exertion; discharge of mucus from the vagina after an embrace, which causes sterility. "Putrid leucorrhœa; leucorrhœa after coitus."—(Hahnemann's T. H.; collected by Dr. Dudgeon.)

Natrum muriaticum.—It is used in leucorrhœa when it is associated with constipation and earthy complexion.

Platina.—Leucorrhœa with habitual constipation, the stools adhering to rectum and anus like soft clay; albuminous leucorrhœa only in daytime without pain, after urination or rising up; sexual organs are greatly sensitive; will faint during coition, or cannot endure it; the menses appear too early, too profuse, too long-lasting, and dark clotted, with bearing down spasms; excessive itching in uterus; adapted to the women of dark hair and rigid fibre, and who suffer from too early and too copious menstruation; aggravation comes on in early morning.

Psorinum.—All excretions have a carrion-like odor; large, coagulated lumps of leucorrhœa having an intolerable odor; sycosis; especially adapted to the psoric constitution.

Pulsatilla.—Painless leucorrhœa during pregnancy, or when occurring in girls who have not menstruated; when the discharge is a thick, white mucus or is corroding, with itching; drawing,

tearing, wandering pains in the abdomen with flatulence; leucorrhœa with chilliness, despondency and peevishness; worse in the evening and better in the open air; thick, white mucus; leucorrhœa like milk or cream, with swelling of pudenda.

Ruta.—Corroding leucorrhœa after the suppression of menses.

Sabina.—Leucorrhœa due to the suppression of menses; recurs every two weeks; thick, yellow, foetid, corrosive; drawing pains in small of back from sacrum to pubes; leucorrhœa following abortion or premature labor; hæmorrhage from the uterus, flow being partly pale red, partly coagulated; worse from slightest motion, better from walking.

Sanguinaria.—Endometritis with polypi, followed by copious hæmorrhage with a foetid, corrosive leucorrhœa; leucorrhœa after climaxis; flushes of heat and leucorrhœa; burning of palms of hands and soles of feet, ending in a weak feeling; headache.

Secale.—Greenish, brownish, foul-smelling leucorrhœa; discharges of dark fluids from various morbid states of os, cervix and uterus; cancer and gangrene of the womb; fornication, extreme weakness; menses irregular; continuous discharge of watery blood until next period; burning in all parts of the body; the skin is cold to the touch, yet the patient cannot tolerate covering.

Sepia.—It is adapted to children and feeble, weak women of dark hair, rigid fibre, but mild and easy disposition; yellow, greenish, thick, foetid or profuse, watery discharge, worse before the menses; the patient is particularly sensitive to cold air; sensation of a ball in inner parts during menses or pregnancy with leucorrhœa; urine deposits a reddish clay-colored sediment, which adheres to the bottom and sides of the vessel; prolapsus of uterus and vagina; pressure and bearing-down pain as if everything would come out of the vagina (*Lil.*), must cross limbs tight to prevent it; leucorrhœa aggravated after sexual intercourse; violent stitches are felt upward in the vulva; lancinating pains appear from the uterus to the umbilicus; most of the symptoms are both worse and better from rest and exercise; coition very painful; delicate, unhealthy skin; leucorrhœa with itching eruption on inner labia.

Stannum—Leucorrhœa, associated with prominent loss of strength; extreme weakness in the chest, is so weak that the patient can hardly talk; tuberculosis.

Sulphur.—It is given in chronic cases and scrofulous constitutions; bearing-down pains, worse when standing on her feet;

burning itching in vagina, must scratch till bleeding from the parts takes place, worse at night. It may be administered singly or alternately with any one of the above remedies.

Thuja.—Constant leucorrhœa which lasts from one menstrual period to another; mild discharge, leaving a yellowish stain upon the linen, with great burning pains in left ovary, worse from riding or walking; suppressed gonorrhœa.

Xanthoxylum.—I used this medicine in some cases of leucorrhœa with much benefit. My observations permit me to formulate the following indications for its use:

Watery, acrid, bloody leucorrhœa; profuse menses; the flow is very copious, profuse discharge of hot, dark clotted blood; pains down the anterior of thighs; intense heat and burning in the stomach, aggravated by any hot application; the pains and burning are so very great that the patient rolls on the floor. I used *Xanthoxylum* in many cases of leucorrhœa, but the majority of the cases revealed that the discharge was profuse rather than scanty, painful rather than painless cases; the pains were very excruciating and appeared down the anterior of thighs; intense burning and heat were not prominently marked in all my patients and the symptoms grew worse at night.

ACCESSORY TREATMENT.

The patient must rest in a horizontal position. Active exercise must be avoided. The patient should regularly walk in the fresh air. All sexual excesses, indulgence in the pleasures of the table, crowded parties, etc., should be strictly prohibited. The leucorrhœal discharge is commonly prone to produce irritation and inflammation, and if it is suffered to accumulate and remain for a long time in contact with the mucous membranes it gets partially decomposed and it becomes fœtid and greatly injurious to the wholesome condition of the parts. It is, therefore, indispensably necessary to make frequent injections of water, so that the utero-genital organs may be kept perfectly and scrupulously in a clean state.

Conclusion.—Slight cases of leucorrhœa are commonly neglected. It is only chronic, severe and obstinate cases that are placed under medical treatment. It is probable that from seven to eight women out of every ten fall a prey to the inroads of this malady. It is a source of little anxiety if it appear without the indication of a pathological state of that organ and without the accompaniment

of nervous troubles and anæmic signs, or if it be not of a disturbing character. But unfortunately the sky is not always bright. From my personal observation I have been struck with the fact that in India leucorrhœa more largely prevails amongst the rich people and families that enjoy indolent, luxurious and sedentary habits, and that indulge too much in animal propensities, and in irregular women than among the poorer and industrious classes. —*Sarat Chandra Ghose, M. D., Corresponding Member of the French Hom. Medical Society; author of "Cholera and Its Treatment," "Plague and Its Treatment," "Provings and Therapeutic Properties of 'Ficus Religiosa,' etc., Lecturer on Materia Medica and Diseases of Children at the Calcutta Oriental Homœopathic School.*

THE LOCAL COMMITTEE OF THE AMERICAN INSTITUTE.

All arrangements are rapidly completing for making the meetings of the American Institute of Homœopathy, in Cleveland, a success long to be remembered. The local profession welcomes every member, and promises that in the matter of hotels, railways, entertainments and the like no disappointment will be experienced. Every promise heretofore made will be fulfilled. One of the principal features of the week's meeting will be the coming together of the various college alumnae, forming a grand college alumni association, who will have special rooms assigned them in the Hollenden Hotel, and on one evening be given the large assembly room in the hotel for the "round up," with general jollification, music, singing and speeches. On another evening a reception, ball and banquet will be given at the Colonial Club on Euclid Avenue. The usual first night opening services, addresses of welcome, President's Address, etc., will be held in the Chamber of Commerce Building, where all the meetings of the Institute will be held. The memorial exercises are also suitably provided for.

On Saturday the Erie Railway has tendered an excursion to Cambridge Springs, Pennsylvania, where the visitors will be the guests of the Hotel Rider. During June Cleveland is famed for its beautiful weather and its cool sleeping nights. It is justly called the "Forest City," with its miles and miles of paved and shaded streets for driving, walking and bicycling, a boulevard system connecting its many beautiful parks and waterways, and

an unparalleled system of trolley lines. The meeting place and the hotels are adjacent and in the very heart of the city, accessible to the railways, places of amusement, the principal stores, and points of interest. A cordial and most hearty welcome is extended to every homœopathic physician and his wife to meet in Cleveland this summer with the American Institute of Homœopathy.

GAIUS J. JONES, M. D.,
Chairman of Local Committee.

ANNOUNCEMENT.

American Institute of Homœopathy. Office of the Secretary, 100 State Street, Chicago, Feb. 20, 1902.

To the Members of the American Institute of Homœopathy:

The President of the American Institute is able to announce that it is now possible to forecast, to a great extent, the conditions which will attend the holding of the Fifty-Eighth Annual Meeting of our great National Association, to be held in Cleveland, Ohio, June 17th to 21st, 1902.

The local headquarters will be at the Hotel Hollenden, which is one of the finest hotels in the United States, and in its arrangement and appointments is peculiarly well adapted to the purposes of the meeting. The house and its furnishings may be termed elegant, and its cuisine is of the best. A new addition is being built, which will be ready for occupancy in June. The hotel will accommodate 700 guests. A special reduced rate for rooms will be made for Institute members. The Hollenden is on the European plan. The "Colonial," across the street, is another first-class hotel, and can accommodate a large number. It is on the American plan. Other smaller hotels are conveniently near.

The hall for the meetings, in the Chamber of Commerce Building, not far from the Hollenden, is splendidly adapted to the Institute's purposes. The hall is large—seating one thousand; it has attached to it numerous committee rooms, and, what is of especial interest and importance, it is quiet, being entirely out of hearing of the noises incident to traffic in busy city streets.

At the present time there is favorable prospect that the several allied Societies will combine with the corresponding sections of the Institute by mutual agreement between the officers of the

various bodies, so that this year their work will practically be a part of the work of the Institute. This is looked upon as being a fortunate arrangement, and one which will add greatly to the interest of the coming meeting.

It is hoped to have as a special feature of the meeting a "College Alumni Conclave." This, if arrangements are completed, will be held under the auspices of the Institute authorities, and, while affording every opportunity for the enjoyment of the occasion, it will differ in important respects from alumni reunions which have been held in the past. The alumni of the various colleges will, upon arrival in Cleveland, register at headquarters, which will be provided for them by the Committee of Arrangements at the Hollenden. On Thursday evening the General Conclave will be held at the Chamber of Commerce Hall. It is especially desired that the women graduates of our co-educational institutions shall take part. The program for the evening's entertainment will be arranged by the Special Committee, acting in conjunction with the Institute authorities. The entertainment will consist of appropriate music, orchestral and quartette, and the singing of college songs, together with brief speeches by representatives of the various colleges. In addition to this feature the Local Committee of Cleveland will, for several days of the meeting, provide appropriate entertainments of various kinds, which, while not conflicting with the Institute sessions, will afford diversion suited to all.

The location of Cleveland is especially favorable. It is easily accessible from the East, from the South, from the West, and from Canada. It is a convenient common meeting place for all. It is, as yet, too early to announce the arrangements that will be made with the various railroads in the matter of reduced rates of fare. These will be made known in due time.

Cleveland is a city which is more than usually well adapted for convention purposes for a body of the size of the American Institute of Homœopathy. It is pleasantly located on the shore of Lake Erie. It has wide streets lined by many shade trees, beautiful drives and parks, fine hotels, golf links, club houses and every attraction possible to offer by any place aspiring to entertain such a body as our national organization. The local profession is united, harmonious and enthusiastic in the work that is given them to do. They are making every preparation and looking forward with anticipations of the greatest pleasure to becoming

ing the hosts of 'the Institute on this important occasion. There is not a cloud in the sky. All promises well, and there is every prospect that our meeting in Cleveland will be a large one in the matter of attendance, harmonious in its labors, enthusiastic in the spirit that will prevail, and in all respects one of the most successful ever recorded in the history of the Institute.

The Executive Committee is thoroughly convinced and more than ever satisfied that in the best interests of the Institute it has made absolutely the wisest choice in selecting Cleveland for the next place of meeting.

CH. GATCHELL, M. D., *Secretary.*

JAMES C. WOOD, M. D., *President.*

A CALCAREA CARB. POINTER IN INTERMITTENT FEVER.

By Dr. A. W. K. Choudhury.

When you can study your intermittent fever case properly and thoroughly, and, in selecting medicines, when you select the right one, there is scarcely any fear of being unsuccessful, and the success is apparent after the first dose. Repeat not your medicine every two, three, four or six hours, like the allopath, in the apyrexia; give one dose (practically the minutest possible dose) in the apyrexia—be it perfect or imperfect—daily, once in quotidian and double quotidian, and double tertian (a pair of tertian fever-paroxysms—one day the severe paroxysm, the next day the mild); one dose every third day in tertian fever, and one dose every fourth day in quartan cases in apyrexia. It is better to administer the dose a little before the termination than in the commencement of apyrexia.

The above are the general hints in the treatment of intermittent fever homœopathically.

I give below a practical hint for the treatment of intermittent fever with *Calc. carb.* This remedy has many characteristic symptoms in general, but I here intend to mention one of its true symptoms for the treatment of intermittent fever. In his work, *Therapeutics of Intermittent Fever*, Dr. H. C. Allen, in describing the times of *Calc. carb.*, mentions E. C. Price (I don't know whether he is Dr. Eldridge C. Price, of Baltimore) as furnishing the symptom. It is that the *time of accession of fever is one day at 11 a. m. and the next day at 4 p. m.*

In my practice I have seen many cases of fever of this type. The fever will continue in this manner, getting one paroxysm at 11 A. M. one day and another paroxysm at 4 P. M. the next day. But these two paroxysms have some differentiating peculiarities in each of them. The paroxysm that comes at 11 A. M. is the severer one, and the 4 P. M. paroxysm is the milder one. The 11 A. M. paroxysm is complete in all its stages, while the 4 P. M. is an incomplete one. For illustration, I give two cases which occurred recently in my practice:

(1) Patient, a female Mahommedan, aged about 15 years, came under my treatment, 16-10-1901, for an attack of intermittent fever. Her case was taken as minutely as was usual with me. *Causticum* was thought to be the right remedy, and a dose of the 200th was given her. The dose produced no good effect, and why was this failure? It was owing to my inability to ascertain, in the first examination, the type of the fever. In treating intermittent fever one must ascertain first the type; failing to do so he is not certain of success in all cases with the first dose. So it becomes a necessary thing to allow time to establish type of the fever. I gave her placebo the following day, found the fever unabated and unchanged in its course, and could ascertain then the exact type of the fever. The type was as follows: 11 A. M., a paroxysm, the severe one, one day; 4 P. M., a paroxysm, the milder one, the noonday. The 4 P. M. paroxysm was without chill and less severe, and was without thirst; apyrexia was incomplete.

According to Dr. E. C. Price, as mentioned by Dr. H. C. Allen, I thought it advisable to administer her *Calc. carb.* So *Calc. carb.* 30 was given her, daily one dose in apyrexia, and three doses were given. She got rid of fever by these three doses, and no more medicine was required. She then continued under placebo and gradually improved.

(2) Here is another case of intermittent fever of the above sort. The patient here was a boy of about four years, who had been under my treatment and improving under *Puls.*, when he got fever of the above type; a severe paroxysm at 11 A. M., with chill one day; the next day the mild paroxysm without chill at 4 P. M.; diarrhoea in chill and heat of fever. Father noticed more marked heat along the spine.

A dose of *Calc. c.* 30 was given; one lesser paroxysm a day; that day the child had almost no fever; another dose was given

the next day, and there was no more paroxysm of the fever. Bowels improved gradually. He got the first dose on the 28th of October, 1901. He required no more medicine.

The above sort of fever which has some resemblance to the fever of *Eupat. perfol.*, which has a worse morning one day and a worse afternoon the next day. Here our homœopathic physicians should be careful not to mistake one for the other.

Satkhirā P. O., Calcutta, India.

HOW WE RID CLEVELAND OF SMALL-POX.*

By Martin Freidrich, M. D., Cleveland, Health Officer of the City of Cleveland.

The valuable experience we gained in our fight with small-pox should not be lost to posterity. Our final success in exterminating the disease demonstrated, beyond doubt, the feasibility and immense value of formaldehyd disinfection on a large scale. It has also shown that thorough investigation, strict quarantine and sanitary measures are most powerful weapons against the disease. It has further brought to light that vaccination with the commercial bovine virus, which is now generally used, has its shortcomings, and even its dangers. As a prophylactic measure to immunize mankind against the dreaded scourge its value is indisputable, but let it be done by the family physician in time of peace, with plenty of leisure and with humanized virus. Then a vaccination will usually last a life-time. To overcome an epidemic it is too slow a means; it is too ineffective and unreliable.

We have no law to enforce vaccination; and, even if we had, vaccination is so unpopular that it would prove a dead letter. Vaccination will frequently not take. It will fail in cases in which prompt action would be most desirable. That has its several reasons.

1. Vaccine is a very delicate product. Exposure to a high temperature will quickly destroy it. I am told that a whole batch was made inert by being placed on a radiator in a post office, but scores of points had been used before it was found out. That loses time. It ought to be placed in a cool, dark place in order to keep. The druggist usually keeps it on a shelf, the doctor in his satchel or pocket, where it may be dark enough, but what about coolness?

* From Cleveland Medical Journal.

2. It may not be properly applied. The physician in his eagerness to avoid sepsis employs an antiseptic solution on the arm. That is sufficient, the virus will not take. Or he wants to be very careful not to draw blood and does not denude enough. He is in a hurry and does not take time to rub the vaccine in, or does not take time to let it dry before he lets go of the arm, which is very likely to occur when you have a school of from 1,000 to 2,000 children in front of you and should like to get through.

3. People submit to vaccination, but afterwards employ means to destroy its effects. In 1900 Dr. Stotter and I vaccinated the employees of a manufacturing plant, some 300. A small-pox scare was on and the manufacturers had brought pressure upon their employees to get vaccinated, offering to pay for it. The men heroically bared their arms and stepped up defiantly to be vaccinated, but I saw a good many afterwards go to the hydrant and wash off the vaccine! Last June I was out in Newburg on a trip of investigation. Walking up the street I met a crowd of children calling to each other: "Are you vaccinated? Are you vaccinated?" I knew then that the vaccinators were in the school-house, and I slackened my pace to hear the comments. Pretty soon I knew what they were up to. The grocery-man on the corner had told some of them that they must wash their arms to prevent them from getting sore. They communicated it to each other in a most lively manner; and all hurried as fast as they could to the grocery store to wash their arms.

Two years ago there was a general complaint among medical men that the virus did not take, and a clamor was raised by the profession for points that would take. The manufacturers seem to have yielded to this pressure, and send out points which are active. Last year I was offered samples of points with a verbal guarantee that every one would work. I tried one of them. It "took," but Oh, what an arm! I had to console the poor mother with the usual subterfuge that it was a splendid "take," that her boy surely would have had small-pox if he had come in contact with it, and that he would have had it very badly. The next point I tried on a man who was broken out with small-pox. I told him that it would modify the disease, and that he would not have it so severely. He had only a few pimples on him. His arm also became very sore. I had to tell him that the vaccination drew all the poison to that arm, and that he would have had a terrible eruption if I had not vaccinated him. Still I was not

satisfied. I wanted to vaccinate someone who had just recovered from small-pox, to see whether it would take. For quite a while I could not find anyone foolish enough to let me try the experiment; but, as luck would have it, I was sent to a boarding-house to vaccinate all the inmates, for they had all been exposed. The first one who came up to me had had small-pox about six months before. He was a little gay from drink, and swaggeringly bared his arm, saying: "You may vaccinate me all you please." I knew him, and I used the point which I wanted to try. After I had vaccinated him he began to make fun of me, saying that it would never "take" on him, that it had been I who had sent him to the hospital, etc. This man developed such a horribly sore arm that I had to dress it daily for five weeks, and I did it willingly and thank my lucky star today that I got out of it so easily.

Last year the virus took altogether too well. Fully one-fourth developed sepsis. The arms swelled clear to the elbow; yes, clear to the wrist-joint, with high fever and enlargement of the axillary glands; pieces of flesh as big as a dollar and twice as thick would drop right out, leaving ugly suppurating wounds, which to heal took from six weeks to three months. I had to dress a little girl's arm for 15 weeks before it got well. This is not vaccinia, it is sepsis pure and simple, and such a vaccination does not protect against small-pox; as I have found out at 60 Louis Street, where three children developed small-pox 19 days after a seemingly successful vaccination, when they ought to have been so immune that inoculation with variolus pus itself should not have produced the disease.

To top the climax four fatal cases of tetanus developed after vaccination. No one has ever demonstrated the presence of tetanus bacilli in any virus of any make. It seems to be a secondary infection. But no one can doubt that there is some connection between tetanus and vaccination. The vaccination seems to prepare the soil for the tetanus bacilli by causing suppuration.

Taking all the facts together, we can readily see that the virus at my disposal was not a certain means to check the spread of small-pox; that it could not be relied upon; that by its frequent failure to "take," or by causing sepsis, most valuable time was lost; and that the people became disgusted and grew suspicious of the Health Department, so that they became antagonistic instead of working in harmony with us, and hid cases and helped their neighbors hide them, jumped quarantine whenever there was a

chance, refused information, etc. From the score of letters I have received from all over the country I find that others are having exactly the same experience that we have had here.

I came to the conclusion that the lymph we used contained more than vaccine, and that vaccination had become a drawback in the fight with small-pox, so I dropped it. I had been studying the last epidemic since 1899. I had seen it from a small beginning spread all over the city. I had watched the way it traveled and the means it employed in its progress, and had often reflected upon the circumstances which favored its development and hastened it on in its triumphant march. But there I had also learned which weapons were effective and could be relied upon with safety. The only means to strike it a death-blow is disinfection with *formaldehyde*. I am firmly convinced that it will do it every time, for it has done it here in Cleveland in every instance in which we have tried it. In 1899, and the beginning of 1900, all the small-pox patients were treated in their homes. Usually several of the family got it. After all were through desquamating, the scabs used to lie thick on the floor. The poison must have been concentrated in these rooms, but after a formaldehyd generator was put there and set going, and the house was thoroughly disinfected, all the poison was killed. Not a single case could be traced to a disinfected house, no matter how many cases had occurred there. Based upon these facts, I proposed to the Mayor a house-to-house disinfection. I had walked up trembling to his house, for fear he would not approve of it and would deprive me of the opportunity to show to the world what could be done in a case of a small-pox epidemic with disinfection with *formaldehyd*, and I felt unspeakably relieved when he kindly told me: "Go ahead, doctor, and I will uphold you." And so he did. The same day I discussed the plain with Dr. Ashmun, and he also promised me his support. This was on a Saturday, July 27. Next Monday, July 29, we began disinfection and continued until November 9. I wanted medical students to do the work, for the reason that they knew something about disinfection, and that I need not be afraid to send them into everybody's houses. I applied to the three medical colleges for all their available men, and put them on as fast as we could get machines.

Each man had to serve a day's apprenticeship. Finally I had a squad of forty men. Each man was supplied with a formaldehyd generator, and regular sanitary policemen were continually

along with them to help the boys out when they got into trouble. Thus we disinfected every section of the city where small-pox had been, and every house of the section, no matter whether the disease had been there or not, and every room, nook and corner of a house, paying special attention to the winter clothing which had been stored away, presumably full of germs. And I always enjoined the sanitary policemen to see that no water-closet was forgotten. The boys did their work faithfully and conscientiously. When I consider the enormous stretch of territory we covered, the great difficulties we encountered by meeting people of all nationalities, speaking languages that none of my men understood; when I think of the presumptuousness of the proceeding, chasing people out of house and home and making them stand in the yards, alleys and streets during the time we filled their dwellings with a suffocating gas, I can only say to myself that the work has been done with infinite tact, and I feel grateful to the boys that hardly any complaint reached the office.

Along with disinfection went the sanitary measures. I called all the sanitary patrolmen into the office and instructed them to begin a house-to-house crusade against dirt of any description, to enjoin people to clean their yards and barns, drain all puddles or fill them in, abate all nuisances, clean all closets that needed cleaning, and enforce sewer-connection wherever there was a sewer in the street, and also to look over dumps and vacant lots and compel the owners to keep them in sanitary condition.

Director Lapp, by instructing his policemen to work in harmony with the sanitary force, and, when he took charge of the fire department, by sending his men along with ours to clean up the wards which needed it mostly, showed his full and correct appreciation of the situation, and deserves thanks for the encouragement and credit for the material aid he gave us.

Along in June, I pointed out that small-pox developed most frequently, and was hardest to eradicate, along streets which have neither sewer nor pavement. A great many of these streets and some in the worst small-pox districts have since been paved and sewered, and the work ought to be pushed ahead with all possible speed until there is no street left in Cleveland without sewer and pavement, for a city with dirt streets and insufficient drainage unwittingly invites every epidemic that rushes through the land.

The cleaning of the streets is one of the most important sanitary measures. It was done much better last summer than ever

before, and my advice to the administration is to spare no money to keep up the good work. What the people of Cleveland spend in cleaning their streets they save in doctor's bills. Besides there will be a saving of human lives and of much unnecessary suffering, to say nothing of the comfort and satisfaction clean streets afford.

Small-pox is on the increase all over the United States according to the last report from Washington. We have extirpated the loathsome scourge from our midst, but I am fully aware of the fact that we have made no immunes, and that there is danger for Cleveland as long as the disease surrounds us. We cannot descend from the watch-tower as long as there is a case in the country, nor lay down our arms before the enemy has been exterminated throughout the land.

Another weapon against small-pox is quarantine, and it is a good one when it is kept without interruption. Mayor Johnson had the right idea what it ought to be when he ordered a high barbed-wire fence around the detention hospital and two men at every entrance. Make it so that no break is possible, or the whole is a delusion. I know of an instance when a guard strutted majestically up and down in front of the house, but the "*pater familias*" had jumped the rear fence and visited all the neighboring saloons. If one guard cannot watch every entrance, put two there and keep two men there day and night. At a place out east the guard was kept only until 9 o'clock at night. The people had faithfully promised to stay at home, but as soon as the guard was out of sight they jumped on a street-car and came down town. These are dangerous lessons and must not be forgotten. The guard must let no one pass out or in without a written permit from the health office. If a doctor wants to visit a small-pox patient he must have a written permit from the health office. The guard cannot give it to him. Anyone might grab a satchel and say: "I'm a doctor, let me in."

Cats and dogs must be treated like persons. This was most forcibly brought home to me down in the flats, near the river. There we had a boy sick with small-pox. One day when I came there I found the dog in bed with the boy, under the cover, both the boy's arms around it. It seemed that I had surprised them, and the mother made quite a fuss about the dog being in bed. She chased it out of bed, opened the door, and before I could interfere the dog was outside. Now I could not catch that dog,

nor could the guard. There were any amount of dogs in the neighborhood, and in due time we had small-pox all over the neighborhood, and peculiarly enough it invariably began with the children and in families that had a dog.

The guards must be kept under control constantly, especially at night, or half of them will not be at their posts. There is nothing more difficult than to keep a quarantine so that no break occurs. For this reason it is much better to take all patients to the hospital.

I have to speak a word yet on investigation and the way we carried it on. It is a most arduous task, and no one who has not done the work can imagine what a tremendous job it is. Since the fight against small pox has begun in earnest last May, we investigated everything that was at all suspicious, *e. g.*, we investigated every case of measles, as malignant small-pox has a great similarity to measles and mistakes have been made. Also warty pox (*Variola verrucosa*) has in the beginning a resemblance to small-pox. Then all cases of chicken-pox, anything that was telephoned to the office as suspicious, even though we found nothing but mosquito-bites when we came there. Whenever we found a case of small-pox we asked the patient, besides the usual questions about name, age, whether vaccinated and how many in the family, the following :

1. Who has visited you during the last two or three weeks? The difference in time depends upon the state of development of the eruption.

2. Whom have you visited during the last three weeks?

3. Have you been at any public meeting during that time, where and who was present to your knowledge?

4. Where do you work?

5. Where do the children go to school?

6. Where does the family attend divine worship?

This information obtained, the trotting commenced. All the given addresses had to be visited. Besides we asked the foreman, preacher, and teacher for all sick or absentees from shop, church or school during the last month, and they were seen. It made an almost endless chain, and the work connected with it was immense.

Looking back over our small-pox history we find that in 1898 we had 48 cases, the next year 475, the following 993, and from January 1 to August 23, 1901, 1,230. On this last date the last

case developed in Cleveland. Eight cases have been imported since. I was called to take charge of the health office on July 21. We had seventeen cases on hand and seven cases more developed during my administration.

Almost six months have elapsed since the scourge has been exterminated from among our midst. When we consider all the means employed and measures taken during our struggle with the hydra-headed monster, when we sum up and try to reach a conclusion, in my opinion thorough investigation, strict quarantine and sanitary measures come in for a great share in our victory, but the death-blow was dealt by formaldehyd.

PHELLANDRIUM AQUATICUM.

Its Pronounced Action on the Right Lungs.

By the Late Dr. Gaudy.

Translated for the HOMŒOPATHIC RECORDER from *Journal Belge de Homœopathie*.

One day a gentleman by the name of A. L., not far from Cureghem, near Brussels, who was employed in some dye works, came to my office.

He was there exposed frequently, and for a considerable length of time, to hot vapors of chlorine and of muriatic acid, as I found out later.

On examining his chest by auscultation and percussion the result seemed to point to simple bronchitis, only at the very tips of the lungs the respiratory sound was rough and the expiration prolonged; on the right side and on the left there was a hissing rattle, but on the right side, in the region of the upper pit of the shoulder-blade, there was a dry, grating noise of limited extent. The cough was more severe by day, and only during exercise, violent also in the evening, being altogether lacking at night.

My questions as to the health of his parents and as to former diseases gave nothing that would cause uneasiness. But the presence of the grating noise caused me to delay my prognosis and my judgment as to the nature of the disease. I prescribed *Aconitum*, *Bryonia* and *Phellandrium aquaticum*, in twelve powders. A few days later I was called in hurriedly on account of a very copious expectoration of blood, which was repeated several times on the following days. The whole of the pulmonary cavity, especially the upper half, on both sides, but especially on the right

side, seemed affected in consequence of the hæmorrhages. Auscultation yielded but little information. Both of the pulmonary lobes are more permeable. No pronounced dulness, no bronchophony, nor any other pronounced sign of pneumonia, excepting on the base of the left lungs. *Aconitum*, *Thlaspi bursa pastoris* and *Arnica* were under consideration on account of the hæmorrhage; *Aconitum*, *Bryonia* and *Kali carb.* on account of the inflammatory symptoms, the fever and the pain in the chest of which the patient complained. Since the cough had become more frequent, and came more during the day than at night, and the oppression on the chest was very severe, I added *Phellandrium* 6 D., every three hours a few drops, in addition to the first two remedies. The action of *Phellandrium* was astonishing. Two days after prescribing it I visited the patient; he felt better, his nights were restful, his cough had almost disappeared, the oppression had much diminished and does not trouble him any more. The fever had yielded to *Aconite*; the pulse is 75, only a little hard and equable. I was surprised, on auscultation, to find the right side quite clear, without any morbid sign, so to speak; the upper half of the left lung was largely free, only the basis continues to show some passive congestion. The patient chiefly complains of hunger, and of being compelled to stay in bed. He continues taking *Aconite*, *Bryonia* and two doses of drops of *Phellandrium aquat.* I am convinced that in two to three weeks he will be back in the dye works, but with the advice not to breathe any more chlorine.

If we expect congestion or exclusive inflammation of the base of the *right* lung, where *Chelidonium* deserves the preference—according to my opinion, in affections of the right lung *Phellandrium* will always be the chief remedy, whether alone or in conjunction with other remedies plainly indicated by the symptoms.

BOOK NOTICES.

Diseases and Therapeutics of the Skin. By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases in Hering Medical College, Chicago. 353 pages. Cloth, \$2.00. Postage, 12 cents. Philadelphia: Boericke & Tafel. 1902.

It may be seen from the name of the college with which Professor Allen is associated what manner of book he has written, namely, one that is strictly homœopathic—Hahnemannian Homœopathy. The definition, symptoms, pathology, etiology and

diagnosis are tersely and clearly given of each disease, and then the homœopathic treatment. Following the lead of Hahnemann, Dr. Allen very distinctly pronounces against external treatment of skin diseases that come from within, for that treatment only suppresses the outward manifestation of the internal condition, and does not cure the patient. The consideration of the disease occupies the first 210 pages of the book; the *Materia Medica*, in which the remedies are taken up alphabetically, carry the work to page 340, and the indexes complete a very excellent little work. All homœopaths will find Dr. Allen's book and especially his therapeutics very helpful.

Ophthalmic Myology, a Systematic Treatise on the Ocular Muscles. By G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University. 589 pages. Cloth. Published by the author, 139 North Spruce street, Nashville, Tenn. 1902.

No one, of course, but a specialist in matters pertaining to the eye can fully appreciate a work of this character, so we can only call our readers' attention to it as an exhaustive work on the muscles of the eye.

BOERICKE & TAFEL have in press a new "Missionary" of about 12 pages. It is by Dr. Petrie Hoyle, of San Francisco. It is a strong bit of writing for Homœopathy.

Lawrence, Practical Medicine. This valuable volume of some 500 pages is essentially a practical application of modern clinical and laboratory methods to the examination, diagnosis and treatment of disease. Indeed, the author's experience in clinical teaching has enabled him to give to the student a work which is far more valuable than a quiz-compend and less voluminous than the ordinary works on this broad subject. It embodies all that is modern and essential without burdening the student with theories and exhaustive statistics; it is gotten up in good shape by the publishers; it is systematic in construction, concise yet comprehensive, and withal exhibits a perfection in style and dictum which adds materially to its value as a modern text-book.—*Hahnemannian Institute.*

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EDITORIAL BREVITIES.

THE FESTIVE "OVERDOSE."—A correspondent sends the following from the *Detroit Free Press*, of December 4th:

Took an Overdose of Chloroform.

Benton Harbor, Mich., December 4.—(Special.)—Mrs. Lillie King, aged 35, a victim of an overdose of chloroform, died here last night. It is presumed the drug was taken to relieve pain.

Would it not be well for the American Humane Society to reprint Charles Lamb's essay on roast pig just to show "folks" as well as physicians that it isn't necessary to burn a house to cook a pig, and, incidentally, to point out the danger of "monkeying" with the OVERDOSE?—S. A. J.

TOO MUCH ARSENIC.—Dr. Butler, page 81 of *N. Y. Transactions*, 1901, tells of the case of a girl, to which he was called in consultation, suffering from interstitial nephritis. He asked, "What caused this?" and the reply was—a certain much-advertised preparation of *Arsenic*. The girl died. You cannot give plenty of *Arsenic* without results.

IN MEXICO.—Dr. Frances McMillan, formerly of Nashville, Tenn., has located in the City of Mexico. Her address is Hopkin's House, San Juan de Latran 13.

SUDDEN DEATH.—Dr. Albert S. Atkinson, of Baltimore, died of heart disease on February 24th while visiting a patient. Dr. Atkinson was a graduate of Hahnemann, Philadelphia, '93.

SCAPEGOAT?—The St. Louis Board of Health has dismissed Dr. Armond Ravold for allowing "impure" antitoxin to be used, causing 13 deaths, "when its character was known to him."

GROWING POWER.—This from *Medical Record* of March 1st: "A vaccination bill, which was recently reported favorably in the New York Senate, increases the powers of the local health authorities, and allows a local Board of Health to quarantine for fourteen days a person who refuses to be vaccinated." In what manner the public health would be improved by shutting up a hale and hearty citizen for fourteen days is not clear save, perhaps, to the esoteric.

BE WARNED.—The Boston health doctors fined an anti-vaccinationist crank five dollars, sent him to jail with other criminals for ten days, and when he was in his cell forcibly vaccinated him, according to *Medical Record*. Why do Christian Scientists and other unorthodox isms flourish? The man's only crime was a difference of opinion with the orthodox doctors.

ATTENUATED VARIOLA.—In the London letter in *Medical Record* is a report of a loud discussion extending over several weeks in the Medico-Chirurgical Society on vaccination. The conclusion seems to be "that vaccinia is really an attenuated form of variola." This, if so, accounts for the sudden cessation of small-pox in Cleveland after Health Officer Freidrich ceased inoculating attenuated variola. It is a suggestion meriting thoughtful consideration.

HEPAR SULPH.—A correspondent of the *Medical Brief* admits to having a "few fads—*Calcium sul.* is one of them." "The power of this drug in preventing the formation of pus in any part of the anatomy is simply amazing. I have just succeeded in curing a pleural fistula of six years' standing with this drug. The fistula was the result of a pleural abscess following pneumonia." There are many other homœopathic drugs equally good if you will but learn their use.

A PROPOSED LAW.—A Dr. McCabe, also a Senator, has introduced a bill at Albany, N. Y., which, if passed, will compel everyone to be vaccinated every five years under penalty of \$50 minimum fine and imprisonment. The New York County Medical Association is said to be back of it. And they ask why the Christian Scientists *et al.* flourish so! That sort of thing hurts the true profession of medicine more than anything else.

WORDS, WORDS.—"If small-pox is ever to be stamped out," is a very common term in the science of medicine in some quar-

ters. What is meant by "stamping out" a disease? Clean living and surroundings will prevent disease, but that is something very different from "stamping" anything to death, even though it be a microbe. And after it is "stamped" its carcass will tend to breed a pestilence unless removed and the stamping scene thoroughly cleaned.

FANATICS.—"That the manufacturers and physicians have had a lesson at the expense of human life cannot be doubted, but that the use of vaccination as a preventive of small-pox has been proven a dangerous procedure, because of the Camden accidents, will not be worthy of consideration except by the natural opponents of vaccination who form a distinct class of fanatics opposed to anything of benefit to public health."—*Fort Wayne Medical Journal*.

CANCER STEADILY INCREASING.—"Newsholme, writing in the *Practitioner* on the statistics of cancer, mentions that in the five years, 1891-'5, this disease was responsible, in Great Britain, for an annual registered mortality of 712, and in 1896 of 764 to every million of the population. It is almost certain that these figures understate the actual death-rate from malignant disease. Cancer causes more deaths every year than any other disease, with the exception of bronchitis, pneumonia and phthisis. According to the figures for 1896, one out of every fourteen men, and one out of every nine women, reaching the age of thirty-five years, dies of cancer. In 1881-'90 the average death-rate from cancer of males aged twenty-five years and upwards was 9.49 per 1,000; 1871-'80 it was 6.97 per 1,000 of the population aged twenty-five and upwards."—*Medical Record, March 8th*.

NOTICE OF MEETING.—The Illinois Homœopathic Medical Association will meet in Chicago, May 13th, 14th and 15th, on the 17th floor of the Masonic Temple. A banquet will be given Wednesday evening, at the Auditorium Hotel, to the visiting members outside of Cook County by the resident physicians.

THE PRACTICAL DOCTOR *vs.* THEORY.—A child in Cincinnati became croupy and the Health Board placarded the house "diphtheria." In the meantime the case developed into pneumonia and the attending physician demanded the removal of the placard. Health men demanded another culture to see whether the doctor was right in his diagnosis. He sent a swabbing of his own throat, and the verdict was that it was a case of true diphtheria. When the facts came out they quarantined the doctor, though he was

not ill then nor afterwards. The case has gone to the courts. We get the story from *Eclectic Medical Gleaner*.

CLASS OF '77, NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.—Each member is urged to be in attendance on Alumni Day, May 8th, for auld lang syne. Come and renew old friendships and memories; see the improvements in the college; attend the interesting and valuable special clinics in the morning, Commencement in the afternoon, and in the evening, at Delmonico's, the banquet, which promises to be the most enjoyable of the whole twenty-five years since we separated. Those who are not members of the Alumni Association should join it now and help plan and carry into effect methods of making it more interesting, active and useful than ever, even if it be impossible to be present this time. This is our only quarter-centennial.—JOHN L. MOFFAT, '77.

VACCINATION IN ENGLAND.—An effort was made to repeal the "conscience clause" in the vaccination act in England, but, in the House of Lords, the repeal was defeated by a vote of 52 to 32. The English character rebels against compulsion in medical matters

IN MICHIGAN.—The Thirty-third Annual Meeting of the Homœopathic Medical Society of the State of Michigan will be held on Tuesday and Wednesday, May 20th and 21st, in the Hotel Egnew, Mt. Clemens, Mich.

DON'T BRAG.—Dr. Archdall Reid, one of the leading scientists and evolutionists of England, has just published "A Study in Heredity," in which he says, "teetotalers are born, not made." The author states that temperance is not an acquired moral virtue, but an inborn characteristic. He says: "The teetotaler abstains not because of his strong moral fiber, his power of self-control, but because of lack of inborn desire for alcohol."

ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, THURSDAY, MAY 15, 1902.—The Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 15, 1902. The Business Meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad street, above Race, Philadelphia. and the banquet will be held at 9:45 P. M. at Horticultural Hall, Broad

street, above Spruce. The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-Fourth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust streets, Philadelphia. Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 14, 1902, cannot be considered. W. D. Carter, M. D., '94, Secretary, 1533 South Fifteenth street, Philadelphia.

A SUGGESTION.—If an army of 250,000 men were to be inoculated with modified plague, and plague was to break out among them, there wouldn't be much difference among men as to the cause! When the health officer of Cleveland stopped inoculating modified small-pox the disease promptly ceased. Why not try it in some other community and thereby either prove, or disprove, Dr. Freidrich's contention? Certainly the old way has been very unsatisfactory in its results during the past winter, and surely scientific medicine of the 20th century is capable of something better!

BUT.—"Cats" is the title of a little book telling how to care for these pets in health and how to treat them when ill. It is compiled by Edith K. Neel and published by Boericke & Tafel, of Philadelphia. The work is an exceedingly sensible one, but considers the treatment of disease from the homœopathic standpoint alone.—*Baltimore Sun*.

MAKE PROVINGS.—"As an instance of the advantages of a study of Materia Medica by making provings on one's self, I will relate an experience of my own. Soon after entering upon the practice of medicine, twenty-seven years ago, one day I accidentally swallowed thirteen drops of the mother tincture of *Aconite*. It was not long before I began to have symptoms. They were many, and they were severe, and they were all characteristic. There was numbness of the tongue and the oral mucous membrane. There was a constant restlessness. I could not remain in one position an instant. Soon after taking the dose I was compelled to go to bed. There I passed a restless night. I ached all over the body. I turned from side to side and tossed about in the bed. I had a constant feeling of anxiety and apprehension, with a sort of smothered sensation. Occasionally I would draw a deep breath. I had what you all recognize as many of the pathogenetic

symptoms of *Aconite*. There was, however, no rise of temperature; in fact, the skin was cool, though there was no perspiration."—*Dr. Ch. Gatchell*.

ACONITE IN CHOLERA INFANTUM.—There is a remedy that is useful in *cholera infantum*, and that is *Aconite*. I do not believe that the only indication for *Aconite* is fever. I prescribe it less in fever than in any other conditions; but there are cases of cholera infantum in which I cannot get along without the use of *Aconite*, and these are cases I can generally trace to cold, to the influence of cold in producing the disease, and in these cases I think *Aconite* acts beautifully.—*Dr. A. P. Bowie*.

DAVENPORT, IA., JOTTINGS.—Dr. J. M. Keister is one of Davenport's leading lady physicians. She occupies a lovely flat in the LeRoy building and has a splendid library, which she is constantly improving. She is one of the visiting staff at the City Hospital. Another shining example that medicine is not out of a woman's sphere.

Dr. A. Rindler, of Davenport, is one of the genuine old-time Homœopaths that it is a pleasure to meet. The doctor has a medicine case which he brought from Germany with him that would drive the lover of antiques mad with envy; your correspondent wanted to rob him then and there. He uses high potencies and gets good results, showing that he knows how to prescribe them. It would do many of the younger men of our schools, users of combination tablets, mixtures, etc., good to go and take lessons in the art of prescribing from him.

Dr. H. C. Hoeffle is one of Davenport's most prominent physicians. The doctor is doing good work in the City Hospital, to which the Homœopaths gained entrance after a hard fight, demonstrating to the Regulars (?) that there is something in Homœopathy.

Dr. W. H. Hunt has a fine office in the Whitaker Block on the fifth floor that gives a beautiful view of the Mississippi river and Rock Island beyond. The Doctor is doing a flourishing business and has a promising future in Davenport.

IOWA CITY JOTTINGS.—Dr. James G. Gilchrist is very busy at the hospital all the time. Your correspondent was not fortunate enough to meet him on account of limited time.

Drs. Hazzard and Pollard are among the most busy men of this thriving university town.

Drs. Newberry and Bywater are also doing a fine business. Dr. Newberry is now in California for his health, leaving all the business in charge of Dr. Bywater, which is a great responsibility for a young man, though the Doctor has the skill and ability to take good care of it. We wish Dr. Newberry a rapid recovery.

SILICA IN ANIMAL TISSUE.—“The studies of senescence—of the general loss of elasticity of the tissues, brought about by advancing years—has hitherto been confined to anatomical investigations. An interesting observation, from a chemical point of view, has recently been made by Hugo Schultz, who has concerned himself with the quantitative estimation of silica present in the tissues at different periods of life. He finds that there is a steady diminution of this substance from youth to old age, the largest amounts being found in embryonal connective tissue. The muscle in old age, for example, contains .0191 gram, while in youth it contains .0270 gram of silica per kilogram. The difference is even more marked in the tendons, the silica content of which is in advanced life .0408 gram, while in youth it reaches .0865 gram. The jelly of Wharton contains no less than .2406 gram.” (*American Medicine*.)

This is in the line of the studies of Hensel, elucidated in his *Macrobiotic*, and of his “physiological” preparations among which is Silica.

A “MERCILESS DEATH.”—A French physician asserts that death does not instantaneously follow decapitation by means of the guillotine, but that the bodiless head is conscious of the horrors of its situation for two or three hours. There is something in this that beats any of the horrors imagined by Edgar Allen Poe.

A QUEER “QUACK.”—An English paper tells of a “quack” who, however, is a wonderful herbalist. He found a “cure for cancer” among his herbs and the result is to-day that he is immensely wealthy. And apparently he has cured his patients, who come from “many countries.” It looks as though it would be wiser to search for cancer remedies rather than to pronounce the thing “incurable.”

“OPHTHALMIC DISEASES AND THERAPEUTICS, NORTON.—The call for a third edition of this standard work so soon after the appearance of the second edition is highly creditable to the author. True, it is, that the book is without a competitor as a complete opthalmic text-book for the homœopathic school; but if it were devoid of merit, candidates designed to displace it from its high position would soon appear.”—*Hahnemann Monthly*.

PERSONALS.

In a multitude of counsellors there is wisdom, if you can find it.

An iconoclastic correspondent of the *Medical World* says that the man who sees good in everything "is an optimistic ass."

A little girl had a beautiful dream—the cod liver oil label read, "externally only."

The convalescent man ate baked beans, died and his wife brought suit on his Accident Insurance policy.

PRACTICE. An established practice of over thirty years. City of twenty thousand. Anyone wanting to step into a first-class opportunity and having money to make first payment on residence only, investigate. Address N. in care of Hom. Recorder, P. O. Box 921, Philadelphia, Pa.

A Chicago woman has discovered the "somersault cure." Next!

Granatum is said to be the remedy for persistent vertigo.

"You are not an editor?" queried Wu Ting Fang of a reporter. "Why not?"

No, Mary, you cannot make a proving of poetry, even though it be a drug on the market.

That word strenuous is now working at full stroke.

The most of us pursue pleasure instead of happiness.

The United States Court has decided that "Phenacetin" is a patent medicine.

Yes, Mary, the man who said that in the D. A. R. the last letter stood for "row" is certainly a "wretch."

A Health Board has decreed that all milkmen must be smooth-shaven, so that the microbes cannot drop from their whiskers into the milk. How about the farmers and the wind?

Causticum 2x dilution is a good dressing for deep burns or scalds that refuse to heal.

"If no mischief be done by the physician or nurse, small-pox is the lightest and safest of all diseases." So it was said by Sydenham, the "Father of English Medicine."

The director of the band wagon to-day is too often the old fossil of to-morrow.

WANTED. By a married, practicing physician, a good practice at reasonable terms, or a position as assistant. Would prefer New York State or New Jersey, but will consider any offer. Address, R. R., in care of Homœopathic Recorder, P. O. Box 921, Philadelphia, Pa.

Not a copy of March RECORDER save the few for binding remains and we were compelled to refuse orders for nearly 500 extra copies.

THE HOMŒOPATHIC RECORDER.

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No. 5

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Twenty-second Annual Session.
(Year 1869.)

The twenty-second session of the American Institute of Homœopathy was held in Boston in June, 1869. A short preliminary meeting was held at the home of Samuel Gregg, M. D., on Monday evening, June 7, though no business was transacted. A very fine collation was tendered by the host to the eighty members who were present.

The Institute convened on Tuesday morning, June 8, in Horticultural Hall, with the President, Henry D. Paine, M. D., of New York, in the chair.

David Thayer, M. D., of Boston, Chairman of the Committee of Arrangements, delivered the welcoming address, which was a bright resumé of the stability of Homœopathy, and its steady advancement in the land of liberty, which had just released the slave and become possessed of the territory of little-known Alaska.

The election of officers resulted in electing : President, Reuben Ludlam, M. D., of Chicago ; Vice-President, D. H. Beckwith, M. D., of Cleveland ; General Secretary, I. T. Talbot, M. D., of Boston ; Provisional Secretary, Timothy F. Allen, M. D., of New York ; Treasurer, Edwin M. Kellogg, M. D., of New York ; Censors, Conrad Wesselhœft, M. D., of Boston ; William Tod Helmuth, M. D., of St. Louis ; H. N. Guernsey, M. D., of Philadelphia ; C. W. Boyce, M. D., of Auburn, N. Y. ; L. M. Kenyon, M. D., of Buffalo, N. Y.

Dr. W. E. Payne offered a resolution that thereafter the election of officers should be held at the close of the session, instead of at the beginning, as heretofore. The motion was carried and the resolution adopted, after which the retiring officers were thanked for their efficient performance of duty.

A committee was appointed to arrange time for the acceptance of several invitations from the Mayor and Common Council to visit and take part in a reception at Music Hall ; to visit the Institute of Technology, the Natural History Society, the School Ship, the House of the Angel Guardian and the Consumptives' Home. The Collector of the Port tendered the use of a revenue cutter for excursions down the harbor. Drs. D. H. Beckwith and L. Clary had the matter in charge.

The President then appointed Drs. Smith, Cate, Whittle, Duncan and Clarke as the Committee on Credentials, and Drs. Williamson, Dunham, Guernsey, Clary and McClatchey, the Committee to Audit the Treasurer's Report.

Dr. I. T. Talbot read the report of the Executive and Publication Committee, which was referred for publication. The report showed a very appreciable increase of the growth of Homœopathy ; it noted the return and reinstatement of delinquent members, the extent and value of the publications of the society and the cheerful hope of still greater growth in the future

The Treasurer's Report was read and pronounced correct by the Auditing Committee, and the Committee on Finance also made a satisfactory report. Two hundred and twelve new members were elected to the Institute.

Dr. Henry M. Smith, of the Committee on Credentials, reported that one hundred and twenty-nine institutions, including sixteen state societies, forty-seven local or county societies, eighteen hospitals, twenty-nine dispensaries and infirmaries, seven colleges and twelve medical journals were represented by one hundred and seventy-four delegates, a full list of which is found in the Transactions for 1869.

At the afternoon session the Bureau of Clinical Medicine made its report. The general report was given by H. D. Paine, M. D., Chairman of the Bureau, in which he urged upon the members the necessity for their active co-operation in communicating to the Bureau any new facts of which they were cognizant. The report also mentioned treatment of peculiar cases of dysentery, diphtheria, intermittent fever and diabetes.

W. H. Holcombe, M. D., of New Orleans, presented an exhaustive paper on the "Homœopathic Treatment of Measles." In this, Dr. Holcombe gave his full and very successful treatment of the epidemic measles, which occurred in the spring of 1869, in which, of one hundred and twenty patients, he lost but one. This he attributed to his strictly homœopathic treatment.

J. C. Burgher, M. D., of Pittsburg, selected for his paper "Therapeutics." He traced the law of cure back to the time when physicians actually practiced Homœopathy without knowing it, and thence to Hahnemann, who, knowing there was such a law, determined to find and promulgate it. He asserted that the mixture of drugs could not be homœopathic, though each was prepared homœopathically, and he discountenanced the use of drugs in alternation unless in the most distinctly marked cases. In fact, he advocated the firm adherence to single remedies.

S. M. Cate, M. D., reported a "Case of Sciatica from Gold Poisoning," by Dr. J. Heber Smith. This was an aggravated case of sciatica, treated by all kinds of physicians, even one homœopath, and given up as beyond hope, when Dr. Smith, in diagnosing the case, discovered that the patient worked in gold leaf, and that he was consequently poisoned by inhaling the particles of alloyed metal. Having succeeded in finding the cause, the effect was soon properly treated and the patient was cured.

W. P. Wesselhœft, M. D., of Boston, recounted a very interesting case of cerebral disease, which he cured with *Lachesis* 200. The cause of the malady arose after an operation for fistula-in-ano, which had been troubling him for more than a year. The cerebral affection assumed the appearance of idiocy; his language was not only incoherent, but entirely unintelligible. The patient had been treated by several old school physicians, and had been recommended to an insane asylum. The case seemed hopeless to Dr. Wesselhœft, but he asked for one month in which to decide upon it. Constant treatment with *Lachesis* restored the man to health of brain and body, except that there was a threat of the return of fistula. Dr. Wesselhœft told his patient that the malady having returned would prevent any further brain trouble, which would be an advantage, even if the time required for the cure of the fistula would seem discouraging.

John Hartman, M. D., of St. Louis, reported the case of a boy, seven years old, suffering with hydrocephalus, which he cured with *Morphium*, followed by a few doses of *Sulphur*. The boy

was restored to perfect health, much to the joy of Dr. Hartman, as well as the parents. His manner of overcoming this disease was followed with equal success by several other doctors, one an old-school practitioner.

T. C. Fanning, M. D., of Tarrytown, N. Y., described a fatal case of "biliary concretion of the duct" in a woman of eighty-one years.

E. W. Kellogg, M. D., of Southington, Conn., wrote of a peculiar and fatal case of "biliary calculi." A woman about sixty years of age suffered several months and was treated for uterine and gastric troubles, the enlargement of the abdomen pointing to congestion. After some time there were symptoms of biliary disturbance, and the patient became extremely emaciated. After death the autopsy showed the gall sack completely filled with stones, so impacted as to form a solid mass. The disorganization in the abdominal cavity was very remarkable, the stomach was but little larger than the duodenum, and the pyloric and cardiac valves were nearly obliterated, though the liver was not of a very peculiar appearance except atrophy.

A very animated discussion upon gold-poisoning, measles and gall-stones followed the reading of these papers, with questions upon the medicines requisite to their treatment and the manner in which the maladies act upon different individuals.

At the evening meeting quite a large concourse of ladies and gentlemen met to hear Reuben Ludlam, M. D., of Chicago, President of the Institute, deliver the annual address. The subject selected was, "Woman and Homœopathy."

Dr. Ludlam began by saying that there was no longer any reason for controversy upon Homœopathy, for it had stood the test and become strong enough to shield itself without being required to arm itself as if provoking attack so as to act on the defensive. It would be just as useless as to preach a revival sermon among a congregation of converts. Therefore he would speak upon the mutual relation existing between woman and the homœopathic system of medicine, there being no greater sign of civilization, throughout the world, than is to be seen in the care bestowed upon the health, welfare and comfort of woman. If the modern style of living has multiplied the ailments and physical frailties of the sex science has increased the facilities for meeting and mitigating their severity and extracting their sting. Homœopathy has advanced to meet her manifold enemies and combat them. Its medicines act

like a charm for her and leave no possible danger or after-suffering. She has found and proved their efficiency until no power can draw her from her faith in the remedies that are selected for each and every malady to which she is peculiarly subjected. Then, too, she entrusts the health of her children to this same gentle agent, which has come to prolong life, to cure and eradicate disease, to restore health and strength and beauty and even to wrest from little ones the apparent birthright of distressing suffering. Is it a wonder, then, that women have banded together in favor of the school whose advanced doctrine meets human requirements and aids man to be what he should be and what he was destined by Providence to remain until the allotted time of his life is finished and he falls asleep. As a general thing, women are born physicians. They begin to look for a cure as soon as they encounter a disease. They stood by the old-style nostrums until homœopathic remedies appeared, and through reading the literature furnished to them by Hahnemann and Hering, Pulte and Hall, Marcy, Guernsey, Small, Freleigh, Tarbell, Douglas, Shipman, and many others, they began, half timidly, to try the tiny pellets or the drops of tincture, watching with strange anxiety to see the effects upon themselves before they would trust their occult influence upon their children, or their dearest ones outside the family circle. At first the verdict—non-committal—"of no evil effects," gave rise to greater confidence and more earnest notice until, next to the practitioners themselves, women found not only no ill influence, but relief from pain, then return to good health, and last, but by no means least, a total cure that allowed no recurrence of the malady that had probably been an enemy for years.

Then from mouth to mouth the good news flew, medicines were given by one joyfully recovered woman to a suffering sister, or children were treated with the home remedies so easily handed from one to another in little vials, until even scoffing men were tempted to try the sugar pellets, when they, too, became converts to the doctrine that can never fall into oblivion. Physicians have done wonders in propagating the science, but women have truly done more; for being once convinced they promulgated their knowledge broad and wide, securing almost innumerable patrons for the simple but marvelously powerful medicines. Truly, women have a right to study and practice medicine as well as their stronger brethren, for they seem to possess an innate faculty

for treating the sick and aiding the distressed. Through them also will many of the " Lord's Poor " receive aid to health through simple home remedies from the well-selected medicine chests of women who are glad to save the expense of calling doctors to the home in which they find pitiful need and little with which to meet the expense of advice and medicine. Physicians should truly accept, as equals, those who have actually supported the new school and held it up against fierce and vindictive opposition. Why withhold the credit which really belongs to them when their object has never assumed the proportion of intentional rivalry, but simply the desire to relieve suffering? Swift as thought most women seek for suitable remedies in case of illness or accident. Perhaps they administer only a palliative, or they half fearfully resort to empiricism, not for the sake of experiment, but in hope of securing the proper cure. But let them once find the preparation that restores health and it is never forgotten. Therefore it would appear not only proper but necessary, that the privilege should be accorded them to so study that there should be no necessity for any experimentation ; but the knowledge of relative symptoms should at once suggest the proper treatment to afford relief without delay. That women have accepted and adopted our noble system should lead us to express our lasting gratitude for their tireless and efficient aid in its promulgation.

At the second days' morning session William Tod Helmuth, M. D., read an important paper on the " Extirpation of the Inferior Maxillary Bone." Though not in course, Dr. Helmuth's paper was accepted out of order, because of a telegram which called him from the meeting. The article gave a full and capable description of the operation, together with an acknowledgment of the less successful operation, of the year before, upon a case which he had so fully expected to recover satisfactorily that he had expressed considerable elation and thus aroused some discussion, the argument being provoked by Dr. Helmuth's statement that such an operation had been performed but three or four times in the United States. Dr. Franklin had made a particularly severe attack upon Dr. Helmuth, in 1868. Therefore the latter not only described his own operations, but gave a full and convincing explanation of the eleven kindred cases that had been operated upon by surgeons throughout the world. As several of these were not strictly the removal of the entire bone the number of cases actually occurring in the United States, so far as Dr. Helmuth's

faithful investigation could discover, were four and two others, which, though not to be classed in entire removal of the jaw bone, were of such importance that they were placed on record among the major operations. Dr. Helmuth's paper was referred for publication.

Henry D. Paine, M. D., took the opportunity to suggest a very important topic. He thought it would be advisable to investigate whether there existed a genius epidemicus; a something which ran through all diseases that prevailed at the same time and place, connecting them as if by a thread. In support of this question, Dr. Paine spoke of the first fatal epidemic of diphtheria that occurred in Albany, when it was found that all diseases that were in any way similar were most successfully treated with the medicines that cured diphtheria. Other examples of the same principle being well known, might it not be found true of epidemics in general, and if so it would be a great aid to physicians during severe epidemic visitations by giving them a valuable clew to a "philosophical therepeusis."

Walter Williamson, M. D., Chairman of the Auditing Committee, then announced that the Treasurer's Account had been found correct, and he also expressed sincere thanks to some friends of the Institute in Boston, who had cleared the Association of debt by contributing seven hundred and fifty dollars for that purpose.

The Bureau of Materia Medica, Pharmacy and Provings next announced their report. Conrad Wesselhoeft, M. D., of Boston, Chairman of the Bureau, though not prepared to give a report upon his provings of *Baptisia tinctoria*, as he had intended, nevertheless read an important article upon the duties of the Bureau. He suggested that all members of the section should give their knowledge of some one drug at a time with their provings; selecting one drug after another, and by comparing their experiences securing the full value of each remedy. By this means he showed how the value of a few drugs might be fully established, which, to his idea, would be better than to have imperfectly proved drugs in greater number. This would be the best means of settling disputations and establishing incontrovertible facts that have appeared doubtful or obscure. The study of pathology, he stated, had been the subject of study for thousands of years, until any one attaining the requisite knowledge for a medical practitioner became well acquainted with the almost

numberless forms of disease with which he must wrestle ; but therapeutics, which should particularly mean *Materia Medica*, had been carefully investigated but half a century. Heretofore, disease had been the study, now the cure has taken its proper place among students of Homœopathy, and the disease is not only diagnosed to find the symptoms, but to suggest the proper remedy. Diseases are so well known that practitioners need scarce use their time looking for them, but rather they should devote time and energy toward finding the best and the most consistent remedy for each malady which may fall under his notice. Pathology should go hand in hand, if not actually be preceded by, the constant study of therapeutics, as a real science of cure, and the Bureau having been established for this purpose, each member should give careful and interested aid in its extensive and important occupation.

Dr. Dunham showed his keen appreciation of Dr. Wesselhœft's suggestions by the motion of the following resolutions, which were promptly adopted :

Resolved, That the Bureau of Clinical Medicine be requested to give attention to the collection of clinical verifications of the symptoms contained in our *Materia Medica*, and to include such verifications in their reports, with whatever details they deem proper, giving credit to the authors.

Resolved, That the Institute invite State medical societies to co-operate in this work of clinical verification of the *Materia Medica*.

These resolutions aroused a spirited controversy upon drug proving and correct diagnosis, but all the members approved the resolutions and trusted that they would lead to greater unity and more proficient practice among the followers of Hahnemann.

William E. Payne, M. D., of Bath, Maine, offered a paper, entitled "Our *Materia Medica*." While in this article Dr. Payne fully approved of the search for new remedies and the careful provings of the same, he suggested a very important addition to the duty of every physician. That is, the verification of the provings of the remedies in use for each and every case upon his list of patients, this to be accomplished by daily registration of every symptom, however minute, that is discoverable in the patient with continual comparison with previous development. In the meantime peculiar care should be given to selecting the true drug symptoms from the small idiosyncrasies which might be mistaken for true symptoms. True, in diagnosing a case, every

condition should be cautiously noted, even to the imaginary ills that patients claim, but they may often be classed in the one category of hypochondria or hysteria, yet the special pain or peculiar condition may be in existence only in the imagination. This being the case, it would be impossible to advisedly treat symptoms that really do not exist. The physician might find himself sadly disappointed in the operation of his remedy and feel that he had made a mistake, when the truth was that the remedy would have met the condition had it existed. Therefore practitioners should make at least daily records of the conditions in which they find their patients and the drugs used in their cure. By so doing they not only aid themselves in obtaining indisputable knowledge of the actions of medicines, but they secure to others the same knowledge, for no physician should keep secret any proving that will aid others to arrive at the true value of a drug. Only by such care, and by direct comparison with the provings made by others, can we obtain to the goal toward which the Bureaus of Clinical Medicine and Materia Medica directly tend, the attainment of *Materia Medica pura*.

Edwin M. Hale, M. D., of Chicago, read a paper on "*Stillingia Sylvatica*." A careful statement of the provings of the drug was made by four physicians during four consecutive years, whereby it was demonstrated that the medicine was a cure for bony swellings and nodes, for throat affections and particularly it seemed to be very valuable in cutaneous maladies.

Walter Williamson, M. D., made his report on the "Nomenclature of Drugs." The report was wisely and scientifically prepared, Dr. Williamson for obvious reasons claiming that the old well known names of medicines should be retained, not only to avoid confusion in making the use of new names universal but in honor to Hahnemann and other great homœopaths who had always retained such names. At the same time it was decided to advise very careful nomenclature of new drugs so that they should remain consistent to all future students of *Materia Medica*. The list was prepared alphabetically and the accents placed so that not only the name but the pronunciation should be clear.

The Committee on a "Homœopathic Dispensatory" was organized in June, 1868, under the following resolutions:

"WHEREAS, There is a great need of such a homœopathic dispensatory as will meet with the requirements of our advanced science, and the approval of our State and National organizations,

and it is understood that E. A. Lodge, M. D., of Detroit, has such a work ready for publication. Therefore, *Resolved*, That its proof sheets be submitted to a committee of one professor from each of the colleges, on behalf of this Institute, for approval."

The Chairman of the Committee, Carroll Dunham, M. D., reported having corresponded with Dr. Lodge with regard to the dispensatory, but owing to some delay there were but a few sheets ready, and from a careful perusal of them the Committee could not give their approval of the book, as, in so far as they had seen, the substances considered were not to be found in any homœopathic *Materia Medica*. Therefore, the Committee recommended the adoption of these resolutions :

Resolved, That a committee be appointed, consisting of gentlemen familiar with Botany, Chemistry, Pharmacy and *Materia Medica*, to report to the Institute, at its next meeting, a plan for a Homœopathic Dispensatory, and that Dr. Lodge be invited to submit the MSS. of his Dispensatory to this Committee, and to take their suggestions into consideration before he publish his work.

Resolved, That the Committee on a Dispensatory have power to call upon the Secretary of the Institute for any reports or papers in his hands bearing upon the subjects committed to them.

Signed : CARROLL DUNHAM, M. D.,
 CONSTANTINE HERING, M. D.,
 AD. LIPPE, M. D.,
 A. E. SMALL, M. D.,
 J. T. TEMPLE, M. D.,
 G. W. BARNES, M. D.,

Committee on Homœopathic Dispensatory.

The resolutions were adopted after much discussion as to the necessity for the Committee arranging for an excellent and reliable work alphabetically arranged, with all the names and synonyms of the remedies, with descriptions, medical history, pathogenetic action, source of supply, together with information as to pathogenesis and all matters pertaining to each, such work being an invaluable aid to practitioners, particularly those whose time could not be spared for active research.

The Bureau of Obstetrics then submitted its report. The first paper, "Report on Obstetrics," by Dr Henry N. Guernsey, was a most able and convincing defense of the doctor's previous article, which provoked not only discussion but even satirical

comments that were very irritating to a man of such large experience and unquestionable veracity. Not only did Dr. Guernsey reiterate his statement that in the case of parturition nature required neither forceps nor dynamic drugs, but that a thorough knowledge of therapeutics, together with faithful notice of the true symptoms evinced by each patient, would lead the practitioner to prescribe the proper remedy and obtain safe and natural delivery. He could well stand firm against those who endeavored to refute his statements by giving examples of his success in recorded cases. Again discussion was provoked, but with the most exemplified dignity Dr. Guernsey held his ground and was ably supported by Dr. Baer, who calmly added his strictly medical experience in Obstetrics.

W. E. Payne, M. D., agreed to some extent with Dr. Guernsey, but said that if a patient of his were in danger he would not hesitate to exert any means to save her. Other doctors followed with their experiences of absolute necessity for other than medical treatment, but still Dr. Guernsey remained steadfast, asking that his report should be printed in full and that those who now disagreed with him should note the subject ten years from that time.

J. H. Woodbury, M. D., of Boston, reported an interesting case of successful operation for "Imperforate Vagina."

T. G. Comstock, M. D., of St. Louis, described his treatment of "Flexions of the Uterus."

John C. Sanders, M. D., of Cleveland, read a discursive paper of great importance on "Anteflexion of the Uterus."

John Hartman, M. D., of St. Louis, gave a very clear account of his treatment of a peculiarly interesting case of "Ovarian Dropsy." The patient being still under his care, Dr. Hartman promised further reports of the progress of the disease, which he was treating without operation.

Dr. William Gallupe, of Bangor, Maine, read a case of "Ovarian Tumors Cured by Podophyllum."

Ernst Hofman, M. D., of New York, presented a paper upon "Sterility," but when it was discovered that he was describing instruments that were patented, the reading of their use and the description of the instruments being an infraction of the Code of Ethics, the reading was stopped and the paper never appeared in the Transactions.

The Bureau of Surgery made its report through the Secretary, Dr. Helmuth having been called away.

J. Beakley, M. D., of New York, presented a paper on "Hypertrophy of the Thyroid Gland," and also one on "Dry-earth Treatment of Ulcers," neither of which were received in time for publication in the Transactions.

Bushrod W. James, M. D., of Philadelphia, delivered a very lucid paper upon "Ovariectomy." Dr. James described the disease, the proper time for operation, the instruments necessary and the proper treatment following the operation. He explained that he would certainly endeavor to cure the case by medical treatment alone until he found the case must be reduced by surgery, and then he would operate in time for the patient's strength to maintain her safe recovery.

C. T. Liebold, M. D., of New York, read an article on "The Modified Linear Extraction of Cataract," which was a very carefully prepared paper on the subject, wherein Dr. Liebold gave his own experience and compared the plans of operation adopted by other surgeons.

John C. Morgan, M. D., of Philadelphia, followed with clinical "Notes of Surgery," which contained "Treatment of Shock or Injury," in which a list of the remedies prescribed by Dr. Franklin are given, together with their similar symptoms. "Diagnosis of Luxation of Hip," "Needles, Splinters, etc., in the Flesh," "White Sugar and Glycerine as Antiseptics," "Delayed Union in Fracture," "Hydrastis Canadensis, as related to External Piles, Abscess and Fistula," Hydrastis in "Cancer of Lip," "Escharotic Cure in Cancers," "Axillary Luxation of Shoulder," "Infantile Fractures" and "Stone in the Female Bladder," with the treatment given to each case.

T. F. Allen, M. D., of New York, presented a paper on "Operations on the Lachrymal Canal," which was not offered in time for publication.

Malcolm Macfarlan, M. D., of Philadelphia, gave a paper descriptive of the successful treatment by operation for the "Radical Cure of Inguinal Hernia," giving the manner of operating, the medicines used and the progress toward complete cure.

He also gave an account of the "Internal Use of Monsell's Solution in Hemorrhage," which was entirely successful.

L. H. Willard, M. D., of Pittsburg, cited a "Contribution to Orthopædic Surgery," the case being a boy ten years old, who when two months old had convulsions that contracted nearly all the flexors. He was a helpless bundle, only able to grasp with

his right hand, but after several operations the limbs were straightened and the lad was on a fair way to health and usefulness. The brain had not developed greatly because he had always been treated as an imbecile ; but as the body improved, the mind also began to develop, until Dr. Willard had every hope that it would soon be perfectly sound.

James B. Bell, M. D., of Augusta, Maine, cited two cases of "Ophthalmic Surgery," which were both as successful as the physiological conditions of the patients could permit, one being a case of capsular cataract in a scrofulous patient, the other the case of a man whose eye was injured by a stick running forcibly into it.

A. G. Beebe, M. D., of Chicago, had for the subject of his article "Antiseptics in Surgery," in which he expressed very comfortable reliance in Carbolic acid against other drugs, which, in his opinion, were more dangerous. Dr. Beebe said that he would rely upon this acid in most cases, at least until a safer and more efficacious drug should be discovered.

G. M. Pease, M. D., of Boston, gave a clear description of an operation for "Strangulated Femoral Hernia" which was very satisfactorily successful.

A short discussion ensued, when the meeting was interrupted by an invitation to visit Bunker Hill Monument. There could be no question of its acceptance, consequently the meeting drew to a close after the Board of Censors reported having received application for membership from Mrs. Mercy B. Jackson, M. D., and Martha J. Flanders, M. D. The resolution to exclude female physicians having been adopted, the Board had thought it inexpedient to present these names with the names of the other applicants.

They also reported the resignation of Walter Ure, M. D., of Allegheny City, Pa., who stated that he had ceased to call himself a homœopath. On motion of Dr. Talbot, his name was removed from the roll. The impression is that if all who cease to practice true Homœopathy would bravely withdraw from the school it would do themselves no injury and protect Homœopathy from the danger its system encounters among people who cannot discriminate between lawful practice and doubtful mixtures of otherwise useful drugs.

The Bureau of Anatomy, Physiology and Hygiene reported at the afternoon session.

Dr. T. F. Allen read a paper on "Origin of Lymphatics," which was not given for publication.

J. H. P. Frost, M. D., of Bethlehem, Pa., presented an elaborate paper on Physiology, in which he traced the science far back to the ancients, who, though scarcely comprehending, laid the foundation of the study and research of Physiology that will continue on developing and showing more and more the grandeur of the plan upon which man was created, and which must lead still onward to the discovery of the prevention of disease as well as the cure.

Carroll Dunham, M. D., of New York, presented a paper upon "Hygiene." He dealt with "Infection" and "Disinfection." The article was interesting with information and the verified results of experiments in the reproduction of disease germs and the action of disinfection of such animalculi. Fresh air and cleanliness, of course, had their full credit in Dr. Dunham's able paper.

C. W. Boyce, M. D., of Auburn, N. Y., took for his subject "Alcohol." Dr. Boyce sustained that Alcohol is a poison to the healthy human system, and that it should only be used therapeutically and under prescription from competent physicians. He recited the injury of its use as a beverage and the true benefit derived by its homœopathic use when required.

"Ventilation" was the subject on which A. R. Morgan, M. D., of New York, wrote carefully and professionally, speaking of the great benefits derived from pure air and the evil effects of vitiated atmosphere.

A paper by John Hornby, M. D., of Poughkeepsie, N. Y., on "Alcohol, Predisposing to Syphilis and Gonorrhœa," and one by Albert J. Bellows, M. D., of Boston, on "Inorganic Phosphorus as Food," were read, but not returned for publication.

The Bureau of Organization, Registration and Statistics, presented the general report through H. M. Smith, M. D., of New York.

After making many useful suggestions relating to organization and registration a very carefully prepared report of all the homœopathic societies and institutions throughout the United States was presented for publication, as was also a full report of Homœopathy in Germany, which reports will be found in full in the Transactions for this session.

The Necrological Report, presented by Samuel B. Barlow, M. D., of New York, showed that no members had died during the year.

At the afternoon session Henry D. Paine, M. D., of New York, offered the following resolution, which was unanimously adopted :

“Resolved, That the hearty thanks of this Institute be, and are hereby tendered to the citizens of Boston who have so liberally contributed the sum of seven hundred and fifty dollars to the liquidation of the debt of this association.”

F. R. McManus, M. D., of Baltimore, presented the following resolution, which was unanimously adopted :

Resolved, That the appreciation and thanks of the American Institute of Homœopathy are due Prof. Reuben Ludlam, M. D., of Chicago, for his able address, and that a copy be requested for publication with the proceedings of the session.

Dr. Ludlam stated that at the last meeting of the Western Institute of Homœopathy, the following resolution was passed :

WHEREAS, The establishment of the Western Institute of Homœopathy was predicted on the apparent dissolution of the American Institute, and as that Institute has been revived, and is worthy of the undivided support of the profession of the whole country ; and, whereas, the American Institute, with the respective State and county societies, furnishes ample media for the expression and communication of thought and aspiration of the profession ; therefore,

Resolved, That a committee of three be appointed by the Chair to take into consideration the justness, expediency and plan of merging this body into that of the American Institute, and that this committee report at the next meeting.

The committee consisted of Charles J. Hempel, M. D., of Grand Rapids, Mich., William Tod Helmuth, M. D., of St. Louis, and Reuben Ludlam, M. D., of Chicago. Acting in behalf of his committee, Dr. Ludlam introduced to the Institute L. E. Ober, M. D., of Lacrosse, Wis. The Western Institute had not been organized in hostility to the American Institute, but to take its place while the Institute remained inactive during the war. The subsequent reorganization of the American Institute made it desirable that the two should unite. Therefore, Dr. Ober desired that a committee should be appointed as resolved, and the Chair named as the committee Owen B. Gause, M. D., of Philadelphia ; L. Kenyon, M. D., of Buffalo, and G. W. Bigler, M. D., of Cincinnati.

The Committee on Foreign Correspondence here presented

articles upon Homœopathy in Germany by E. B. de Gersdorff, M. D., of Boston, and the progress of Homœopathy in Great Britain, by John Moore, M. D., of Liverpool, England. Both congratulated the Institute upon its flourishing condition and expressed satisfaction at the progress of Homœopathy in the respective countries.

C. J. Hempel, M. D., of the Committee on the Publication of a Journal by the Institute, reported that it was not advisable to undertake the expense of such a journal, not only because the literature then published was quite adequate, but that such a new publication would be too great a tax upon the time and resources of the members of the profession. The committee was, therefore, discharged.

The Committee on Medical Education made a report, in which G. D. Beebe, M. D., and D. S. Smith, M. D., after showing the status to which Homœopathy had attained in the comparatively short period of its existence, explained the necessity for schools and colleges in which the doctrine of Hahnemann should be taught from the beginning. They claimed it should be taught thoroughly by competent professors, and that no one should be admitted to study and receive a diploma to practice unless he was intelligently capable. A standard of preliminary education should be established and a student should not only show himself intelligent, but he should also possess mental and physical capabilities before being admitted to study and practice Homœopathy.

J. D. Buck, M. D., of Sandusky, Ohio, offered the following resolutions, which, after some argument, were adopted:

WHEREAS, The enviable position which Homœopathy as a science has achieved places it in such a light before the world that its defects as well as its excellences become visible; and,

WHEREAS, It is desired by the American Institute of Homœopathy that the most thorough and efficient methods evolved by the combined talents of this national body for the education of representatives of our art should be brought to bear upon our medical colleges, to the end that they may labor together for the perfection of our art; therefore,

Resolved, That a committee of five be appointed by the Institute to confer with a joint committee, consisting of one representative from each of our homœopathic medical colleges, to devise a more thorough and efficient plan of medical education than that now pursued by any, and to report the same at our next annual meeting.

Resolved, That this Institute recognizes both the trials and triumphs of these colleges, and that it desires to share with them in the future, as it has in the past, both their labors and their honors.

H. M. Smith, M. D., announced that an American Institute of Homœopathic Pharmacy had been organized since the last meeting of the Institute. Its second meeting was held in Cincinnati in June, 1869.

George W. Swazey, M. D., introduced the subject of the admission of women to the Institute. This provoked a warm discussion and led D. S. Smith, M. D., to offer a draft of a resolution that he proposed to bring before the Institute, viz.:

Resolved, That the resolution passed at Boston, June 11, 1869, by which women are admitted to membership, be rescinded.

On motion of W. H. Watson, M. D., the following resolution was adopted :

Resolved, That a Committee on Nominations be appointed, to consist of one member from each State, to be nominated by the members at present in attendance from each State respectively ; and that the Committee be requested to report at three o'clock ; and that the election of officers for the ensuing year be made the special order for that hour.

The following members were nominated and elected as Nominating Committee : W. E. Payne, M. D., of Bath, Maine ; Lorrain T. Weeks, M. D., Laconia, N. H. ; George E. E. Sparhawk, M. D., Gaysville, Vt. ; Giles M. Pease, M. D., Boston, Mass. ; S. E. Swift, M. D., Colchester, Conn. ; C. Dunham, M. D., New York ; F. B. Mandeville, M. D., Newark, N. J. ; J. C. Burgher, M. D., Pittsburg, Pa., F. R. McManus, M. D., Baltimore, Md. ; A. O. Blair, M. D., Cleveland, O ; Francis Woodruff, M. D., Ann Arbor, Mich. ; S. A. Robinson, M. D., Laporte, Ind. ; T. C. Duncan, M. D., Chicago, Ill. ; M. F. Page, M. D., Appleton, Wis. ; and J. Hartmann, M. D., St. Louis, Mo.

Dr. Ober moved to instruct the Committee on Nominations to select the time and place for next meeting,

An invitation to visit the Coliseum being accepted, the following resolutions were unanimously adopted :

Resolved, That the Institute tender its sincere thanks to its retiring officers for the able, faithful and satisfactory manner in which they have discharged the duties pertaining to their respective offices.

Resolved, That, both collectively and individually, we tender to the Mass. Hom. Med. Society our hearty and sincere thanks for the cordial manner in which it has received and entertained the American Institute of Homœopathy during its present session ; to the municipal authorities of Boston, for their advanced liberality in recognizing the importance and standing of the homœopathic school of medicine, by according to the Institute a hospitable reception and entertainment ; to the Collector of the Port of Boston, for his courtesy in providing an excursion in the harbor ; to the Officers and Teachers on board the school-ship " George M. Barnard " for their polite reception and most satisfactory exhibition ; to the officers of the following institutions, viz., the Institute of Technology, the Boston Society of Natural History, the Boston Public Library, the Boston Athenæum, the Coliseum, the Consumptives' Home, the Home for Little Wanderers, the House of the Angel Guardian and the Bunker Hill Monument Association, for their very polite invitations to visit their respective institutions ; and to the press of Boston for their reports of our proceedings.

The report of the Western Institute being received, it was agreed that an amalgamation would be advisable. The membership of the Western Institute was one hundred and seventy, and there were no unpaid liabilities. The following resolutions were therefore adopted :

Resolved, That we invite the Western Institute of Homœopathy to transfer its books, papers and list of members and assets to this Institute.

Resolved, That the members of the Western Institute may become members of this Institute at its meeting, in 1870, by presenting to the Board of Censors a receipt for the dues for 1870; or upon the presentation of an authentic list of members whose dues are paid for 1869, and the money in hand. Then the individuals comprised in such list shall be admitted to membership by the usual vote.

Dr. Talbot offered the following resolution, which was adopted:

Resolved, That the Necrologist be instructed to prepare as full a list as he may be able of the deceased homœopathic physicians of the United States.

H. M. Paine, M. D., stated a plan for the formation of a joint stock company for the maintenance of the Homœopathic Retreat for the Insane, at Margaretville, N. Y. A charter had been

obtained from the Legislature. The capital stock was to be \$30,000, with the privilege of increasing it to \$50,000, and he appealed to the friends of Homœopathy to take up the stock.

The Nominating Committee reported their nominations and the following officers were unanimously elected:

President—David Thayer, M. D., of Boston.

Vice-President—J. J. Youlin, M. D., of Jersey City.

General Secretary—Reuben Ludlam, M. D., of Chicago.

Provisional Secretary—T. C. Duncan, M. D., of Chicago.

Treasurer—Edwin M. Kellogg, M. D., New York.

Censors—Drs. F. R. McManus, L. E. Ober, G. D. Beebe, W. E. Payne, and T. P. Wilson.

Wm. E. Payne, M. D., offered a resolution, which was adopted:

Resolved, That the elective officers of the Institute enter upon the duties of their several offices on the first day of January following their election.

The Chair then announced the appointment of the Bureaus and Committees for the ensuing year and the Institute adjourned to meet again in Chicago, on Tuesday, June 7, 1870. This was one of the most interesting sessions and every member was enthusiastic, particularly as the membership had been increased by the addition of two hundred and twelve new members.

ON THE HÆMATOLYTIC ACTION OF PICRIC ACID.

Written by request of the Hahnemann Academy of Medicine (New York City) and read before it on February 24th, 1875.*

Through the courtesy of Professor T. F. Allen and the services of Dr. L. B. Couch, I am enabled to offer you these observations concerning the action of *Picric acid* in the blood. To Professor Allen I owe the opportunity of reading a monograph on this drug by Dr. Erb, of Heidelberg; to Dr. Couch I am indebted for the viscera of a dog which he had slowly poisoned to death; thus enabling me to make microscopical examinations. The full results of this investigation would furnish too voluminous a report for this occasion, and I shall, therefore, treat only of the Hæmatolytic action of the drug.

* Never before published owing to my being called to open a Homœopathic College in the University of Michigan; a task which furnished me with something to do other than editing a translation. (Note of 1902.)

As Dr. C. poisoned this animal at a remote distance from me I can't speak, from my own observations, only of the blood as it appears after *Picric acid* has done its final work. For the steps of the change which occurs in this "floating tissue" I must go to Erb's monograph. Let me say in passing that as Dr. Erb's researches will soon be published,* I shall not quote so fully now, but will give such an abstract as will omit no fact of importance.

Because of the destructive action of the pure *Picric acid* upon the gastric mucous membrane, Dr. Erb employed the *Picro-nitrates* of *Potash*, and of *Soda*, while Dr. Couch gave the clear acid alone.

In from seven and a half to eight hours after a ten-grain dose of the *Picric acid salt* Erb found that the blood-change set in and thence on proceeded rapidly when the administration of the poison was continued. "It was a matter of no small surprise to me," he writes, "when, prompted by the peculiarly greasy, dirty, brownish-red appearance of the blood and the fact that the brownish-colored lungs did not turn red on exposure to the air, I was led to examine the blood under the microscope, and, after the addition of water, to find, instead of the ordinary pale, homogeneous, circular blood-corpuscles, *a granule formation extending over a large proportion of the red blood-corpuscles*, and, which, upon superficial examination, gave the field of the instrument the appearance of being filled with a fatty detritus"†

I will now describe this peculiar change, its course and termination, as briefly as is consistent with clearness. Blood taken from the dog when the poisoning process is under way presents red blood-corpuscles, white blood-corpuscles and other bodies which differ in appearance from both of these morphological constituents. To the eye of the trained observer the contents of the field of the microscope suggest that the nucleated red blood-corpuscles have decreased in number; their place being occupied by blood-corpuscles which contain within their substance from 1 to 3, 6, 9 and more shining granules of varying sizes. The different refractive index of these shining granules makes them easily distinguishable. Their location is not on, but *in*, the red blood-corpuscles;

*I am led to publish it at this late date because of the vulgar and mendacious abuse to which I was subjected by an obscure contributor to *Homœopathic Times*, New York, October, 1878. As my irresponsible vilifier did not hear this paper read he was unaware that it contained the refutation of the malignant *invention* of his made four years later.

†The italics are Dr. Erb's. [Note of 1902]

for they are not set free, nor do they disappear under the action of reagents, unless the continuity of the blood-corpuscle is dissolved. When these bodies first make their appearance in the red blood-corpuscles (which is in about eight hours after a proper dose of the poison) the increase in their size and number and in the proportion of corpuscles containing them proceeds quite rapidly. In time the blood presents the red, white, and granule-containing corpuscles and also quantities of free granules.

Erb considers these free granules as having escaped from the red blood-corpuscle by its dehiscence or by its complete breaking-down.

As the poisoning proceeds an appearance of a *quasi* increase in the number of the white blood-corpuscles is presented; and this is a phenomenon which Erb is puzzled to interpret. A marked and rapid increase of true white blood-corpuscles has been observed as occurring after profuse hæmorrhages, and Erb merely asks if the abundance of these bodies in the poisoned blood has a similar physiological conservative origin.*

In his *post mortem* reports, Erb simply states that he found the spleen reduced in size, and that he also found a nutmeg-like appearance of the liver. I call attention to this, because as both of these glands have had a blood-making function ascribed to them I was led to examine these organs more closely than he has done.

We have now learned from Erb that a peculiar, "shining" granule-formation takes place *within* the red blood-corpuscles, and that while there seems to be an actual *increase* in the number of white blood-corpuscles there is an actual *decrease* in the number of the normal red corpuscles.

Let us now turn from this to a consideration of the blood as found after death. It is of a dirty brownish-red, or dull, logwood color; indeed, it reminded me of the lees of port wine. In the cardiac ventricles† I found several small, almost black clots.

*That is, after a severe hæmorrhage a marked and sudden increase in the number of the white blood-corpuscles makes it appear as if the need for new blood had *stimulated the blood-making organs to rapidly supply the need*: they being the antecedents of the older and more matured red blood-corpuscle. Query: Can *Picric acid* do the same? S. A. J. [1875.]

†The reader will please note the *locus* of these clots as the fact—of which he was not aware—convicts the calumniator of 1878 of mendacity; [Note of 1902.]

(This is a well-known *post mortem phenomenon*.) In each auricle was a clot, tightly clasped by the firmly-contracted walls, and of such a consistency as to almost resist the utmost pressure of my fingers. This clotting was not from fibrinous coagulation, but from *compression*—the contracted auricles having squeezed out the watery elements of the blood, just as one would squeeze the juice from a handful of crushed red currants.

Dr. Couch reported the animal as containing very little blood ; as seeming as if it had undergone an *ante-mortem* exsanguination. In all the "fields" which I examined I did not find one nucleated red blood-corpuscle ; granule-containing ones were present, but the *plus* consisted of pale, homogeneous circular bodies which I am disposed to call *pseudo* colorless corpuscles.

In both the liquid blood which Dr. Couch had sent in a vial, and *in that from the clots found in the auricles of the heart*, I found an astonishing number of pale, faintly-yellow crystals. With a Sorby-Browning micro-spectroscope, their respective spectra presented two absorption bands in the green, and they were thereby recognized as hæmatin or hæmatoidin.

It must be remembered that the blood of the dog and of the rabbit gives rise to these crystals far more readily than does that of man ; and we are liable to be deceived if we at once ascribe this phenomenon, in this instance, to the *Picric acid*. I hope to assure myself of the truth before a great while, but even now I shall state some considerations which lead me to deem them, *in such abundance as I found them*, as in all probability due to the poison of *Picric acid*.

These considerations will take us back to the shining granules observed first by Erb. The epithet "shining" will at once suggest to the pathologist that these granules are fatty. The nucleus of the red blood-corpuscle disappears before them. This designates its death, and suggests fatty degeneration as the pathological rôle enacted in the corpuscle.

In the corpuscles containing them Erb saw the granules in motion, whirling about, impinging upon one side of the wall of the corpuscle and then upon the other, as if they were whisked about by an inter-cellular current. Other corpuscles presented only a plainly perceptible trembling in the whole substance—perhaps it will convey a clearer conception of what I mean if I say *quivering* instead of *trembling*—in their whole substance, while their immediate surroundings were quiet. This whirling about

of the granules demonstrates that the corpuscle has been vacuolated or excavated during the poisonous process, and fatty degeneration is the only known *pathological* means by which such vacuolation can be brought about.

There is no condensation of the wall of the corpuscle (which would be shown by a change of color or of refraction); on the contrary, the corpuscles appear to become etiolated, or blanched. I am, then, led to consider the corpuscles containing the shining granules as undergoing fatty degeneration; and I think it is the completion of this process, so far as the red blood-corpuscle is concerned and the removal of the fat from them, which gives us at last that seemingly great increase in the number of white blood-corpuscles; the majority of these *quasi* white blood-corpuscles being, as I am inclined to believe, really bleached red blood-corpuscles.

Let us consider what follows the death of the nucleus of the red blood-corpuscle. The elective affinities, the discerning capacity and material-transforming power of the cell are lost. It is no longer a living thing; it ceases to be a tissue-builder. It assumes a passive state of being and is now acted upon by the chemico-vital forces of the organism in which it is a unit. That organism is a hive wherein there are no drones; it will tolerate only working-bees. In other words, the living, building-up germinal matter alone finds an abiding place in it; the built-up portions are submitted to the wear and tear of existence, and that which is worn away and washed away by one tide is replaced by another so long as the nucleus retains its sovereignty. We know that upon the death of the nucleus the molecular forces assume the sway and the dead material must be removed. This material is converted, by retrograde metamorphosis, into fat—a hydro-carbonaceous fuel—and it serves to heat the organic household before it finds its liberation in the form of an excretion.

If the nucleus has lost its elective affinities it can no longer be a bearer of hæmatin; and when it fails to discern iron and form the organic combination that is known as hæmatin, it can no longer convey to the tissues the life-sustaining oxygen. Now Erb observed that the coloring matter of the corpuscles appeared to be washed out, and the prune-juicelike, watery blood shows plainly that a clear fibrinous clot cannot be had from the poisoned blood; showing, farther, that in a poisoned plasma the corpuscles can but die.

As the hæmatin crystals are so numerous in picratinised blood, and as the hæmatin cannot be retained in the corpuscle by the dead nucleus, I am fain to believe that the condition induced by *Picric acid* in the red blood-corpuscle is a fatty degeneration and that it is the culmination of this pathological process which gives rise to the *pseudo* colorless corpuscles that are found in such abundance in such poisoned blood.

It may be asked: Why do these particular corpuscles become so numerous toward the end of the poisoning? Why do they not occur earlier? And, what is a far more important question: Why is not this dead cell-wall subjected to disintegration by chemolytic change? Well, can this be owing to the self-evident fact that such a decadence in the character and quality of the blood must detract markedly from the nervous energy of the controlling centres of life, and that, from imperfect innervation, neither spleen nor liver is any longer capable of blood disintegration? To me it appears to be more than a mere hypothesis.

That a most extensive breaking down of effete blood-corpuscles is taking place is evidenced by the condition of the spleen and of the liver. The spleen is shrivelled and wasted; its corpuscles are small and its blood-containing cavities are few, while its granules of coloring matter are large and numerous. The liver is loaded with stagnant blood; its cells are filled with minute fatty granules, and soon after making a microscopical section of that organ the coloring matter from the blood and the blood-juices in the organ precipitate *on* the cells and *around them* in irregularly-shaped masses. The free edge of the liver for the width of an inch or more presents to the naked eyes a striped band (as it were) of a dark-green or an absolutely black color. This is owing to an utter stagnation of the disorganized blood in the peripheral capillaries; it is the very death of so much of the territory of an organ while the thicker and more central portions of it are yet alive.

I found the intestinal canal, from the pyloric orifice to the anus, filled with a reddish, jelly-like mucus. The source of this is the blood.* The intestinal villi were found to be most intensely injected and were frequently seen to be denuded of their epithelium. This condition would, of course, allow an oozing of the liquid

* It was some years later that I discovered this coloration to be owing to the isopurpurates of *Sodium* and of *Potassium*, which are formed by the union of the *Sodium* and *Potassium* of the blood-corpuscles and of the blood-plasma with *Picric acid*.

portion of the blood from the capillaries of the villi into the *lumen* of the intestine. This gains additional importance in our estimation when we remember that the spleen makes the fibrin of the blood, and as the red blood-corpuscles are rapidly breaking down, the spleen, thus receiving a *plus* of fibrin-making material should replete the blood with fibrinous elements. The ready escape of this into the *lumen* of the intestine, somewhat modified by the remaining intestinal epithelium, may account for the condition of the blood which, as we have seen, is markedly deficient in fibrin. The condition in which we find the liver makes it difficult to understand why the blood is not loaded with albuminates; that is, the functions of this gland must be in a degree suspended, and as one of its functions is to convert the albuminates of the blood into urea we should expect to find a minus of urea and of uric acid in the urine.* However, this difficulty is somewhat lessened when we remember the peculiar *prostrating* power of *Picric acid* and that it must speedily suspend all functions.

If I may judge from the various specimens which I have mounted for microscopical examination and the fact that they become opaque in the different mounting media employed in such research, I should say that *Picric acid* when dissolved in the blood permeates perhaps every tissue in the organism; hence that *pseudo* jaundice which the drug so speedily occasions under certain conditions of dosage.

It is, then, this *all-pervadingness* that gives *Picric acid* its searching and subtle action. In the first place, it saturates the blood; it is carried in the blood to every square inch of territory in the body; it permeates the tissues, and while it poisons the blood from which the tissues are *to be made*, it also poisons those which are *already made*. In the language of Beale's teachings, it kills both the "germinal matter" and the "formed material."

I trust you will pardon me for saying that in the light of our present knowledge the first paper which I had the honor to present seems like a prophecy,† and I am led to mention this in the hope of encouraging similar studies of the pathological action of our remedies. Before *Picric acid* had been applied in the clinic,

*This deduction in regard to a *deficiency of uric acid* was contradicted by researches made in the "barn laboratory" four years later. [S. A. J., 1802].

†North Amer. Jour. of Homœopathy, Vol. xxiii, p. 433. [S. A. J., 1902.]

and while the *data* were avowedly incomplete, an *analysis of its pathological features did reveal the genius of its action*. In that paper it was held that the first link in the chain of the pathogenetic action of *Picric acid* is *deranged innervation*, and the type of its secondary action was said to be *perverted nutrition*. These postulates we now know to be true deductions. That paper, however, contained one great error of interpretation, namely, it ascribed to a diminution in blood *quantity* such tissue changes as we now know to be owing to deteriorations in the blood *quality*; instead of anæmia, *Picric acid* produces spanæmia.

Let me close these observations with a general survey of the action of *Picric acid*. I have said that the first link in the chain is deranged innervation, and that this is succeeded by perverted nutrition and tissue change.

In commenting upon the reports concerning the first animals poisoned lethally, I especially noted the absence of hyperæmia therein and *emphasized this absence because the subjective symptomatology led me to expect to find this pathological condition mentioned as obtaining*. Since then I have had the opportunity to examine for myself, and I find that hyperæmia does obtain and simply was not recognized by those who made the examinations whereon the first paper was based. Perhaps he who awarded a gold medal for the proving of *Picric acid* could have recognized this *condition sine qua non*, and although he did not, I gladly give him the benefit of the doubt.*

In the dog poisoned to death with *Picric acid* every organ and tissue that I have submitted to a microscopical examination was found to be intensely congested. Indeed I have never seen the capillaries more completely filled by the most skillful employment of the injecting syringe. So universal in extent and so intense in degree is this congestion that I consider the pathological status to be not a mere *paresis*, but an actual *paralysis of the vaso motor system*. In some territories, as, for instance, the kidneys, this distension of the capillaries is so intense as to permit the oozing

*When these reports were first published—*New York Journal of Homœopathy*, Vol. ii, p. 145—the general editor appended the following note: “As the ‘gold medal’ proving of a graduate in medicine, we feel that we are doing true editorial *duty* in calling attention to it as being the most truthful, the severest and most unanswerable comment upon the existing system of medical education. We beg leave to add that these remarks are applicable not only to the latitude and longitude of New York.”

forth of the altered blood-plasma. Doubtless the universality of this congestion is owing to the paralyzing action of *Picric acid* on the great vaso-motor centres in the upper portion of the spinal cord. Now while the peculiar blood change observed in poisoning with *Picric acid* may be owing to the chemical action of this agent in and on the blood, this congestion, *as it has been observed, in degree, to follow the use of the thirtieth potency, must be a dynamic consequence*; and we have reason to believe that if this dynamic affection is continued long enough such a blood-change will follow the use of the thirtieth potency as is induced sooner by the crude substance. Such a degree of congestion as has been induced by the thirtieth potency, in a responsive prover, will seriously impair the nutrition of the entire organism; but in a poisoning with tangible quantities we have in addition to the paralytic congestion a strikingly impoverished blood. Herein, then, is a doubly destructive condition: 1. The vascular mechanism is markedly deranged; and, 2, the nutritive material is contaminated. How clearly this explains the *prostrating power* of *Picric acid*, for in its action it is plainly evident that it is eminently a *devitalizer*. It has poisoned the very fountain-head of life and universal havoc supervenes wherever the poisoned currents flow. The culmination of this poisoning is shown in the blackened portions—always peripheral—of the organs attacked, and when we examine microscopically these blackened portions we find their capillaries crowded full with those dead blood-corpuscles; it is an utter stagnation, there is no motion there save the filtering through of the poisoned plasma and that of the shining granules as they dash against the walls of their sepulchre, or else such a quivering-trembling of the red blood-corpuscle as precedes its total dissolution.

From the degree of the *quasi* congestion that obtains, a raw under-graduate might expect to find some of the products of inflammation, but, save a few adhesions, slight and frail, in the serous membranes, no such phenomena are found. It is a "congestion" which comes because the "wheel at the cistern is broken."

I must confess that in considering the hæmatolytic action of *Picric acid* I feel like a little child who is perplexed and bewildered by the mystery of an alphabet, the meaning and value of whose combinations it has not entered into his mind to conceive. I crave your indulgence for all the crudeness, all the incompleteness, all the error which may be in this paper. I shall recur

again and again to this lesson in the hope that one day I may be able to read it to you rightly.

S. A. J.

Englewood, February 24, 1875.

[While recently assorting a large boxful of old letters, manuscripts and pamphlets that had never before been opened since my removal from Englewood to the University of Michigan, in the autumn of 1875, I found the faded manuscript which I have transcribed for publication in lieu (for the time being) of a promised paper on the provings of *Picric acid*. I submit the twenty-seven years' old paper without comment. It will defend itself against the calumniations of the experts in that "fine art" who have assailed me from considerations which are their own condemnation. I refer to the Philistines with which, unhappily, Homœopathy abounds.

The undergraduate of to-day is probably not aware that at the time my paper was written there was not a homœopathic college in the United States that had for a chemical laboratory anything other than a sorry parody of that prime essential for a medical education, nor was there a single professor in a homœopathic college whose knowledge of microscopy would have enabled him to be admitted to membership in the only chartered microscopical society then in America, of which organization I was one of the founders and its first secretary.

The truth of history requires that I should state these facts, not only in defense of earnest work, but also to enable competent judges to estimate the turpitude of sundry irresponsible "scientists" of the homœopathic species, and of whom, happily, the world is getting weary.

I also am led to publish this paper because of some correspondence received of late which has in it the assuring evidence that many homœopathic physicians (whose education is not a mere caricature) are making an intelligent study of a remedy which is too puissant to be left to the pranks of the diplomaed charlatans who have "monkeyed" with it—to the ignorant delight of their kind.

If my language appears unduly bitter, I append in extenuation the following literal copy of a postal card received by me on the 13th of October, 1878 :

"My Noble Friend: I never shall forget your kindness (?) in

1874 and since. You have done bravely in this Picric acid business. I am proud of you! Your 'fatty degeneration of the red blood corpuscles' and consequent 'increase of urohæmatin' (!) as caused by P stand alone in the annals of our school as twin products of a masterly, physiological genius, while your truthfulness so apparent in your quotations from Erb is equalled only by that of Fickel of Leipsic—A noble pair—Jones et Fickel see Hom Times Oct 78."

I have faithfully given the punctuation, to show what kind of cattle won gold medals in a homœopathic college so short a time ago as the year of grace 1875. When this card was written, the graduate's callow down of goslinghood had not yet developed a solitary pinfeather. *Quod erat demonstrandum !*]

CRATÆGUS OXYACANTHA.

Hawthorn. England's Hawthorne.

The contrast between Hahnemann and the Irish medical graduate who kept his empirical administration of the "simple" a secret is a rebuke to those who asperse the character of the framer of the homœopathic system of therapeutics. Dr. Green died with his lips locked, and only that his daughter was not of the same selfish nature the grave had swallowed alike the empiric and his cryptic remedy.

It is not at all likely that the virtues of *Cratægus* were *discovered* by the Irish physician whose empirical employment of it has brought this agent into latter-day notice; and this consideration has led to a search of the old herbals for the sake of learning what is the empirical history of this new-old thing.

I am of the opinion that Dr. Green got the knowledge (which he refused to convey to other medical men) from some old woman in the humbler walks of life. In other words, his "secret" is a fragment from the "wort-cunning" which can be traced back to the Anglo-Saxon *Herbarium of Apuleius*. This relic (which is of the 10th century) contains much that is derived from *Pliny*, *Theophrastus* and *Columella*, together with such additions as the rude leeches of that early day had learned from experience. With this lore I shall not now concern myself; my purpose being to confine the search to such literature as can be found in the *English* language, and especially during the 16th and 17th centuries.

To this end I have consulted the following writers, and translators :

- 1562. *The Seconde Parte of Turner's Herball.* Fol. 73.
- 1578. *A Nievve Herball.* Dodoens. Translated by Henry Lyte. P. 697.
- 1579. *The Garden of Health.* W. Langham. (Second edition cited. P. 304. This was published at London in 1633).
- 1633. *Gerarde's Herball.* Edited and enlarged by Thomas Johnson. P. 1326.
- 1640. *The Theatre of Plants.* John Parkinson. P. 1025.
- 1657. *Adam in Eden or Nature's Paradise.* Wm. Coles, Herbarist. P. 366.
- 1659. *Pambotanologia or a Compleat Herball.* Robert Loyell. (Second edition cited. P. 195. This was published at Oxford, 1665.)

Turner. "The berries of *Oxyacantha* taken ether in meat or drynke, stop ye flix of the belly and the issue of weomen. The roote of the same laide to emplasterwise pulleth out prickes and thornes."

("Flix of the belly," *i. e.*, Dysentery. The old writers used the word *lask* when diarrhœa was meant. "Issue of women," *i. e.*, Menses. The plaster of the root to "pull out prickes and thornes" is in accordance with the doctrine of Signatures.)

Dodoens. "The fruit of this Thorne stoppeth the laske, and the flowers of women. And as some of the later writers affirme, it is good against the grauel and the stone."

(As Dodoens was an educated physician he is silent about the Paracelsian indication from its *signature*, and as Henry Lyte was only a gentleman of leisure who affected a knowledge of "simples" he used the word *laske* instead of *flix*.)

Langham. "Stampe the Barke with red wine, and fry it with Bores grease, and apply it hot to draw out a pricke. Use the leaues with white wine to expell the stone. The Hawes stop the Laske and the Flowers are good against the grauel and stone, especially with white wine."

(William Langham was not a physician, he was only "a Practitioner in Physicke," a *herbarist*, as these humbler practitioners were called. He copied his "laske" from Lyte's translation, published the year previous to that of his own *omnium gatherum*. The doctrine of signatures gets a black eye by the recommendation to apply crude tincture in boar's grease *hot*. The hawes are

of course the berries of the hawthorn, and their administration in white wine leads one to suspect that the stone-expelling virtue is owing to the resulting diuresis, which washed out the "stone and grauel," not medicinally.)

Gerarde. "The fruit of the Hawthorne tree is very astringent." (This observation is taken from *Galen.*)

"The Hawes, or berries, of the Hawthorne tree, as Dioscorides writeth, doe both stay the Laske, the menses and all other fluxes of blood. Some Authors write That the stones beaten to powder and giuen to drinke are good against the stone."

(Neither Gerarde, who was only a "Master in Chirurgie" (only one remove from a barber), nor Thomas Johnson, who was but an "Apothecarye," were sufficiently precise in using the word *laske*—which they also copied from Lyte—in the place of *flux*. The recommendation of the "stones—of the haws—beaten to powder," etc., is simply the doctrine of Signatures *redivivus*.)

Parkinson. "The berries or the seedes are generally held to be a singular good remedy against the stone, if the powder of them be given to drinke in wine; the same is also reported to be good for the Dropsie: but whereas divers have attributed hereunto a binding or astringent qualitie Anguilara his judgement was (whom Matthiolas confuteth) that [of] Tragus, who saith that the leaves, flowers & fruit are binding; and that if the flowers be steeped three days in wine and afterwards distilled in glass, the water thereof drunke is a soveraigne remedy for the Plurisie, and for inward tormenting paines. The distilled water of the flowers made by an [the] the ordinary way, stayeth the Flux or Laske of the belly. The seeds cleared from the down, bruised and boyled in wine and drunke performeth also the same effect. The said distilled water of the flower is not only cooling, but drawing also, for it is found by good experience that if clothes or sponges be wet in said water and applyed to any place whereinto thornes, splinters, &c., have entered and bee there abiding, it will notably draw them forth."

(If my reader could look at the portrait of "John Parkinson, Apothecarye, of London, and the King's Herbarist," as engraved by Marshall, he would not wonder at my interpolation of sundry bracketed words in the hope of removing some of the "darkness visible" that obfuscates Parkinson's style. Punctuation, like the spelling in those days, was arbitrary; the colon was applied to uses for which it is not possibly applicable, and the result is

confusion worse confounded. I can but conclude that Parkinson was a compiler who had no clear conception of his authors' meaning and was himself utterly devoid of any critical acumen. He would have made a first-class college professor, but, alas ! he was born before that breed of cattle came into vogue. I leave my reader to flounder over his text as I have been doing for the last half hour. I often regret that the lines are drawn so sharply in the Decalogue, for to the unregenerate man "cuss words" are often a great relief.)

Coles. "The powder of the Berries or the seeds in the Berries being given to drink in Wine, is generally held to be a singular good Remedy against the Stone, which is signified by the Stones or seeds which they chiefly consist of, and so also it is reported to be good for the Dropsy. The flowers steeped three days in Wine, and afterwards distilled in glasse and the water thereof drunk, is a Sovereign remedy for the Pleurisy, and for inward tormenting paines, such as those of the Stone are ; which is also signified by the prickles that grow on this Tree. The water of the Flowers distilled after the ordinary way stayeth the Flux or Lask of the belly : the seeds cleared from the down, bruised and boiled in wine and drunk, performeth also the same effect. The said distilled water of the Flowers is not onely cooling but drawing also, for it is found by good experience that if Cloathes and Spunges be wet in the said water and applyed to any place whereinto thornes, Splinters, &c. have entered and are there abiding, it will draw them forth, so that the Thorne GIVES A MEDICINE FOR ITS OWN PRICKING, AS MANY OTHER THINGS BESIDES DO, IF THEY WERE OBSERVED."

(I can but remark that the passage which I have placed in small capitals would have made my old-time friend, he that was Samuel Swan, sweat with fervid delight. When I lived in Englewood, New Jersey, many and many a summer's day has "Dr." Swan spent on my shady lawn poring over the very books from which I am now citing. He was a born empiric, and, of all enthusiasts whom I have ever known, the most credulous. I remember once telling him of a statement I had read to the effect that if you hung up a sponge in the moonlight over night, if it was not too cloudy, you could squeeze a milky juice from it the next morning, provided you performed that operation before the rising sun had shone on the sponge. He instantly said, "I believe it !" And the fervor in both his tone and his face showed

that he did believe it. I could not convince him that he could get no "milky juice" from a sponge that had been washed, dried and bleached by an acid. I might as well have tried to overturn Bunker Hill monument as to ridicule or reason him from his deduction; he clung to it in spite of both reason and ridicule. It was some time later that he put forth his "potentized" *Sol* and *Luna*. I was once heartless enough to ask him why he did not christen the latter "remedy" *Moon's milk*. He was the incarnation of good nature, and his only reply was a smile of profound commiseration. He has however, introduced some agents that we cannot well do without, if we would do for a sufferer all that can be done; and it is no question with me that his credulity is infinitely more fruitful than the scoffing Pyrrhonism which is as barren as the fig tree that even Jesus *cursed*.)

But I am forgetting *William Coles, Herbarist*, and his "History of Plants." He was an out and out Signaturist, and as a plagiarist (as my reader will have seen) he is simply and literally "out of sight." He has copied *literatim et verbatim* from Parkinson, and I have cumbered the pages of the RECORDER with his bare-faced pilferings simply to show that this method of book-making is an old trick; the only improvement introduced by the latter-day "author" is that he is skillful in disguising *his* stealings.

I should also like to remark that so many of the critics of Hahnemann's *Materia Medica* are experts in straining at a gnat in a "proving" and swallowing the camels of empiricism as readily as Thackeray did the mammoth Saddle Rock oyster at Dorlon's.

Lovell. "The fruit is very astringent. The hawes stop the laske and the menses, and all other fluxes of blood. The stones beaten to powder and drunk healeth the stone. (Parkinson.) The powder of the stones drunk in wine healeth the dropsie. The distilled water of the flowers steeped three days in wine and drunk healeth the plurisie, and inward tormenting paines, and stops lasks. It is cooling and drawing, and applied externally attracteth things fixed in the flesh. (Schwenckfelt.) The kernels powdered and drunk break the stone. The root applied is magneticall."

(Robert Lovell, Keeper of the Physic Gardens at Oxford, is by far the most erudite of the authors whom I have cited. The list of authorities from whom he has derived his information numbers some two hundred different writers, and his *Pambotanologia* may

be considered as giving a complete resumé of all the empirical knowledge of virtues of *Cratægus oxyacantha* from the earliest record to the date of its publication)

The following table affords a condensed view of our findings and may otherwise be of some interest. (It is commended to the especial attention of Homœopathic *homunculi* everywhere.)

Synoptical Table.

VIRTUES AND THE AUTHORITIES.		Turner. 1562.	Dodoens. 1578.	Langham. 1579.	Gerarde. 1633.	Parkinson. 1640.	Coles. 1657.	Lovell. 1659-65.
1562.	Stoppeth the flux,	I	I	I	I	I	I	I
	“ menses,	I	I	I	I	O	O	I
	“ Pulleth out thornes,	I	O	I	O	I	I	I
1578.	Good against gravel and stone, . .	O	I	I	I	I	I	I
1633.	Against all fluxes of blood, . . .	O	O	O	I	O	O	I
1640.	Good for dropsie,	O	O	O	O	I	I	I
“	“ “ pleurisy,	O	O	O	O	I	I	I
“	“ “ inward pains,	O	O	O	O	I	I	I

What a thing of whims is *Cratægus*: it “pulleth out thornes” for mere herbalists; but for Dodoens and Gerarde it flouteth and showeth them no “magneticall” power! Good bishop Turner might have groaned with the anguish of the “stone: him it left to suffer,” while Dodoens findeth “good against gravel and stone!” It was still more complaisant towards Gerarde: for him it was good against “all fluxes of blood!” Parkinson is still more favored: for him it is good for “dropsie, plurisy, and inward tormenting paines”—verily!

The homœopathic reader will please consider the following facts, showing how the capacities of a remedy were developed before Hahnemann came with the “Open Sesame!” of induction. Three virtues are ascribed to *Cratægus* in the year 1652; four in 1578; five in 1633, and eight in 1640; there empiricism ends.

After a sleep of three centuries it leaps into life as the secret remedy of a quack, and one of the vilest of the species, to wit.: a “regular” diplomæd quack!

But is empirical experience founded on a rock? Dodoens spurns the thorn-extracting power of *Cratægus*, so doth Gerarde. Yet for Gerarde it was "good against all fluxes of blood." For Parkinson it did NOT stop the menses, and "all fluxes of blood." To him it made amends by being "good for dropsie, pleurisie, and tormenting inwards paines." And this is the crib in which "Scientific Medicine" (as it is called in these parts) was suckled.

Contrast the development of a remedy, as Hahnemann DISCOVERED its virtues, by the light of the law of Similaris!

And the secret is so simple that the baffled "scientist" can only despise it. Science can manufacture coal-tar derivatives without number; but not all the science of the most successful money-making laboratory on earth can FIX, for all time, the positive virtues of not only *Cratægus oxyacantha*,—unless it "imitates exactly" not the "divine old man of Cos," but of Coethen.

S. A. J.

Ann Arbor, 31st of March.

ANTIPYRIN. PHENAZONE.

By F. G. Oehme, M. D.

The following material has been collected in course of time from various journals and arranged in the usual order. In doing so we had to separate, to some extent, the symptoms of cases of poisoning, but their connection can mostly be traced by the doses given.

Antidotes.—*Bell.*, *Atrop.*

General.—The effects of one single dose of $4\frac{1}{2}$ grains or more may last from several days to three weeks. The external use may be as toxic as the internal use. Subcutaneous injections frequently give rise to severe pain for several days, even to gangrene.

Vomiting, collapse; cyanosis and an exanthema appear frequently together.

Vomiting, cerebral depression, syncope, profound collapse, death.

Vomiting, stupor, epileptic spasms, macular exanthema, subnormal temperature, pulse slow and tense, afterwards great exhaustion. (The whooping cough subsided during this intoxication, but was worse afterwards than before.)

Cold sweat, a feeling of great lassitude, vertigo, dullness of the head, anxiety, severe palpitation, weak, small pulse, cyanosis.

Prolonged use causes cyanosis and a very malignant form of anæmia.

Hæmatemesis; convulsions and death after medium doses. Death sometimes after comparatively small doses.

Great excitement and vomiting. Trembling all over the body.

Weak and nervous. Excessive weakness for several days. Exhaustion. Serious prostration.

Doses of 4-15 grains or more may relieve pain of whatever nature or locality.

Recent case of chorea in a girl of 11 years, growing worse fast under Fowler's solution; on sixth day all muscles in constant movement, speech unintelligible, could not remain on her feet, contortions of the face, idiotic expression, no sleep, noisy, violent movements and contortions. 15 grains four times a day, afterwards less; much better the next day; cured in four days, during which she took 170 grains.

Skin.—Sensation of pricking and burning, beginning at the neck and rapidly extending over the entire body.

Tingling and itching all over the body.

Violent itching and eruptions of plagues over the entire body some violet colored and livid, others pigmented and brownish; others brown in the centre and livid at the periphery; ulcerated and bulbous patches, simulating, on lips, pseudo-membranous stomatitis, and on glans penis balanitis. From one dose of 15½ grains.

White spots appeared on the red patches, became very numerous and confluent; they appeared first on abdomen and hips, chest and throat, then on arms and thighs, not severely below the knees, lastly on fingers and toes; then urticaria developed on face and hands; after it disappeared the hands still tingled for many hours, with pain in the right arm from below elbow to second and third fingers. After 10 grains.

Urticaria between fingers and toes.

An eruption like measles all over the body; eyes suffused, much congested; ears swollen; the eruption left erythematous spots on the limbs for three weeks afterwards.

There are over fifty measles-like cases reported. The eruption usually on the extensor side of the limbs; duration 4-8 days and longer; the head, palmar and plantar surfaces generally not affected by the eruption.

Eruption like measles, with gastric symptoms; tightness in the chest and sense of suffocation.

Herpes-like vesicles on the nose, lips and inside of cheeks, discharging profusely; those in the mouth turned into small, painful, very sore ulcers; at the end of the week desquamation of the affected skin. From one dose of 5 grains.

Rash all over the body, with coryza, sensation of internal coldness, great prostration, etc. From 38 grains daily for a week, for rheumatism.

Erythema on various places, afterwards insomnolence, chilliness of the limbs, etc.

Redness and swelling of the nose and lips from one dose of 5 grains.

A large, very painful vesicle on the lip.

Hands and feet swollen, red and itching, also skin of penis, scrotum and anal margin from one dose of 5 grains.

Measles cured with some dilutions.

Fever.—Flashes of heat alternating with chilly, perspiration, etc., from 10 grains.

Shivers, chilly, coldness. Cold perspiration and vomiting.

Sensation of internal coldness, as if filled with ice; pulse 78; great prostration, etc., from 38 grains daily for a week for rheumatism.

The later rise of temperature was always accompanied by cold limbs and sometimes chilliness.

Malarial, chilly, alternating with heat; pains in the back and face; difficult breathing of the Cheynestokes type; skin cold and blue from one dose of $4\frac{1}{2}$ grains for headache.

Cold and copious sweating, with fall of temperature and depressed action of the heart.

Antipyrin lowers the temperature $1-4^{\circ}$, cools and quiets for 3-4 hours; reduces pulse and respiration, sometimes to a dangerous extent, and produces excessive sweats for several hours.

The depressing action by no means corresponds to an abatement of the disease; besides, the lowering of the temperature is followed by a proportionate increase of it, higher than it was before the use of *Antipyrin*.

6x Dil. in cold and clammy sweats, with sinking pulse and sighing breathing; also in collapse or malarious fevers.

5 grains pro. dose or more in fevers of any kind.

Sleep.—Felt drowsy, but could not sleep. Insomnolence. 2-5 grains for sleeplessness.

Mind and Head.—Unconsciousness with closed eyes and corpse-like face for several hours; cyanosis, coma.

Great excitement and vomiting.

Anxiety. The anguish abated as the urticaria developed.

Felt as though she were leaving her body, with all sorts of confused ideas.

Vomiting, cerebral depression, syncope, collapse.

Coma with involuntary defecation and urination for 3 days, from one dose of $4\frac{1}{2}$ grains for headache.

Great loss of memory, frequently not in proportion to the dose.

Headache and splitting pain under and in the ears.

Peculiar pressing pain in occiput, roaring and singing in the ears, dizziness, anguish.

Snapping in the head, steadily increasing so as to make her almost frantic, from two doses of 10 grains each, one hour apart, for headache.

Eyes.—Catarrhal conjunctivitis.

Black before the eyes. Red spots before the eyes.

Pupils contracted for six days. Pupils dilated.

Loss of vision for three hours.

Lachrymation.

Ears.—Singing in the ears. Roaring.

The ears itched, tingled and *bled* after 10 grains.

Pain under and in the ears.

Excessive secretion from nose and ears.

Nose.—Very violent and frequent sneezing, running of very copious watery fluid from nose and eyes; the mucus membrane so swollen that she could not breathe through the nose; nose and eyes much swollen; stupid tormenting feeling in the head from two doses of 10 grains each, one hour apart.

Painful attacks of sneezing, with copious discharge; severe itching and pricking in the eyes, which watered much; pain over the frontal sinuses.

Violent sneezing with secretion of thin, acrid mucus from the nose.

A pinch of *Antip.* snuffed up gives immediate relief.

A 10–20 per cent. solution on cotton externally, or a 4 per cent. solution as spray for epistaxis.

Face.—Face and lids red and swollen. The whole face so much swollen as to be completely deformed.

Marked flushing of the face.

Head, face and neck become terribly suffused, the nose purple and swollen, the upper lip swollen and stiff from 10 grains.

Purplish discoloration of the face. Face dark blue; ashy.

Cold sores on the lips.

Mouth and Pharynx.—Enormous swelling of the lips and tongue.

Burning of the gums, rapidly extending to the tongue and entire cavity of the mouth.

Violent itching and burning in the mouth and throat, especially in roof of mouth, extending to the eyes, nose and ears from 2 doses of 10 grains each, 1 hour apart.

On tongue, lips and pharynx numerous white, diphtheritic-looking membranes, afterwards numerous abscesses of the size of chestnuts all over mouth, tongue and fauces from 1 dose of $4\frac{1}{2}$ grains for headache.

Pain in all the teeth of the lower jaw.

Salivation.

Difficult speech.

A saturated solution on cotton placed in the cavity, from which a tooth had been extracted, stopped the bleeding, when perchloride of iron and other remedies had failed.

Digestive Organs.—Burning sensation in the œsophagus.

Anorexia. Digestive disturbances and vomiting. Hæmatemesis.

Terrific pain in upper part of stomach, going upward, etc., after 10 grains.

Defecation very painful from 1 dose of 5 grains.

Severe diarrhœa with blackish gray stools.

6x dil. in collapse in cholera.

Urinary System.—Cystitis with frequent urination. Severe strangury.

Complete suppression of urine.

Urine scant. Urine dark, olive green, of high specific gravity, albumen, red blood corpuscles, many small hyaline casts.

Antip. diminishes the sugar.

10 grains twice a day for diabetes insipidus.

Male Organs.—Chordee, 15 grains in water at bedtime.

Female Organs.—Given the first 2 or 3 days of the menses, arrests them, causes fainting, violent chill, trembling of the limbs, cyanosis of the face; in one case repeated attacks of syncope.

Slight watery leucorrhœa.

Metrorrhagia.

Dysmenorrhœa, 5 grains every $\frac{1}{2}$ –1 hour, 4 doses.

Producing miscarriage. 30 grains within 3 hours stopped a threatened miscarriage.

2 grains every 15 minutes alleviates labor pain. An enema of 30 grains in a few ounces of water removes all labor pain without interfering otherwise; sometimes 2, even 3 enemas necessary.

16 grains for after pains.

8 grains 3 times a day arrest the milk. If 5 grains every hour 3 or four times are given, when the flow of milk first fills the breasts, it will arrest it in a day.

Antip. passes into the milk, but does not seem to effect the child.

Larynx and Lungs.—Hoarseness.

An unpleasant choking sensation in the throat from 1 dose of 5 grains for headache.

Spasmodic contractions in the muscles of the face and neck, especially in laryngeal muscles, with dangerous symptoms of suffocation, she became totally comatose; from 1 dose of $4\frac{1}{2}$ grains for headache.

Respiration quick and embarrassed.

Very annoying feeling of oppression and constriction.

Pressure in chest and sense of suffocation.

Dyspnœa.

Severe cough with abundant mucous discharge.

Severe fits of dry cough with coryza.

Copious purulent sputa.

6x dil. in tuberculosis with weak pulse and loss of vitality.

1x dil. in dry cough and dyspnœa with frequent paroxysms of spasmodic asthma, especially at night, had to sit up.

$\frac{1}{3}$ grain 4 times a day removed the paroxysmal element of pertussis in 4 days.

2 grains every $\frac{1}{2}$ hour in laryngismus stridulus.

Heart.—Tumultuous action of the heart.

Roaring in ears, dizziness, palpitation (200 beats), difficult breathing, cold sweat in face, sensation of strong heat in right half of body, of strong coldness and numbness in left half, blackness before the eyes, amaurosis for $\frac{1}{2}$ hour, difficult speech; from 1 dose of $15\frac{1}{2}$ grains for neuralgia.

Pulse weak, small, thread-like, very frequent.

Neck, Back and Limbs.—Feeling of stiffness with pain on movement in the muscles of the neck, shoulders and back from 1 dose of 5 grains.

Left side paralyzed.

Limbs white and cold.

Hands dark blue.

Thrombosis in lower limbs.

5 grains or more for the lancinating pains of locomotor ataxia.

Roseburg, Oregon.

BOOK NOTICES.

The Therapeutics of Fevers; Continued Bilious, Intermittent, Malarial, Remittent, Typhoid, Typhus, Septic, Yellow, Zymotic, etc. By H. C. Allen, M. D., Professor of Materia Medica in Hering Medical College, Chicago. Philadelphia: Boericke & Tafel. 1902.

The publishers desire to call your attention to the salient features of this work which, in the opinion of some who have had the privilege of examining advance pages, bid fair not only to increase our therapia of typhoid and continued fevers, but practically to revolutionize their homœopathic treatment. This is the first systematic attempt to apply Hahnemann's psoric theory in the cure of acute diseases, and is based on clinical observations extending over a quarter of a century.

First.—That severe cases of continued fevers of any type are always found in patients of a psoric or tubercular diathesis, and the more the vitality is weakened by the dyscrasia or miasm the less resistance offered to the inroads of the fever.

Second.—"Acute diseases are generally only a transitory outburst, an explosion of a latent psoric affection," Organon §73.

An outburst of latent psora may, according to the exciting cause or idiosyncrasies of the patient, produce any acute disease, any type of fever.

Third.—Valuable time is often lost and many a life imperiled by adhering too closely to the treatment of the fever—the pulse, temperature, etc.,—and thus overlooking the constitutional diathesis of the patient. *Arnica*, *Baptisia*, *Belladonna*, *Bryonia*, *Gelsemium*, or *Rhus* may be called for by the totality of the symptoms when first seen, and may relieve, or even cure, if the patient be not too deeply psoric or tubercular. But if the dyscrasia be deep seated the best selected remedy will only palliate

the acute febrile symptoms and the weekly relapse shows that we have overlooked the patient and the constitutional miasm in our anxiety to cure the fever.

Fourth.—The second prescription should include the symptoms of the patient's dyscrasia by carefully extending the lines of comparison, and then it will be found that *Calcarea*, *Lycopodium*, *Silicea*, *Sulphur*, *Psorinum*, etc., will be the true similimum and the case is practically and successfully ended.

Fifth.—That the true similar remedy will generally cut short or abort a case of continued fever in any state. If not, it is the fault of the physician, not the patient, not the medicine.

Sixth.—Absolute rest of the digestive organs is as necessary for safe and speedy recovery in typhoid and continued fevers as it is in iritis, in a surgical wound or in a broken bone. No fever patient will starve for want of food that cannot be appropriated.

The Diagnosis of Surgical Diseases. By Dr. E. Albert, late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized translation from the eighth enlarged and revised edition. By Robert T. Frank, A. M., M. D. With 53 illustrations, 419 pages. Cloth, \$5.00. New York: D. Appleton & Co., 1902.

This is one of the books that really fills a gap in medical literature, as works on surgical diagnosis are comparatively few. This book is up to date, clearly written and printed in the usual elegant and faultless style of the Appletons.

International Homœopathic Medical Directory, 1902.

With the eighth year of its publication comes the proposition to include American homœopathic physicians in this directory on the following terms: "The subscription price, including insertion of the name, will be one dollar. A post card sent by any American homœopathic physician to the Homœopathic Publishing Company, 12 Warwick Lane, London, E. C., will assure the receipt of a circular when the next issue of the Directory is being compiled." It would be a good thing to have our American homœopaths in this World's Directory of Homœopathic Physicians. Eighteen men responded to this invitation last year, but that number puts us about on a par with Switzerland in numbers.

Homœopathic Recorder.

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EDITORIAL BREVITIES.

REPORT OF THE CHAIRMAN OF COMMITTEE ON TRANSPORTATION, A. I. H.—The Committee on Transportation of the American Institute of Homœopathy is able to report that the various railroad associations throughout the country have agreed to make a rate of a fare and a third for the round trip, on the usual certificate plan, for the meeting at Cleveland, June 17–21. This applies as well to the allied societies meeting at the same time and arrangements have been made to have an agent of the railroads present on Tuesday, Wednesday, Thursday and Friday, so that any member being called away unexpectedly may have the benefit of the reduced fare by having his ticket vised at any time. A large attendance is confidently hoped for. Very sincerely, J. B. Garrison, M. D., *Chairman*.

EYE WORK.—Thus writes Cooper, the *Gleaner* man: "It is an unfortunate fact that the general practitioner knows, as a rule, too little about the eye. As a consequence, it is his habit to send about all his cases to a specialist, or to commit the greater wrong of attempting to treat something he does not understand. Why the usual physician is not better informed about the eye is a puzzle, unless the intricacies of its finer relationships, or its up-pish nomenclature, or both of these, frighten him. But, after all, a mastery of the eye ailments to that limit which defines the natural scope of general medicine is not so hard." No man need remain in ignorance any longer with the third edition of Norton's *Ophthalmic Diseases and Therapeutics*. Third edition selling at \$3.00.

CURIOUS FACTS.—In a speech in response to the toast "The Pioneer Physicians," Dr. G. W. Brown, of Fort Wayne, among other things, said: "One thing of great importance as a scientific fact, is that no one had the ague or intermittent fever that had the itch. It has later been demonstrated that no one has the consumption that ever had the small-pox. It seems logical that when the skin is robbed of its rights to its sanitary work other portions must suffer. Many doctors believe that inoculation for small-pox in the early stages of consumption would cure it. I believe it would. Since the enforcement of vaccination (with matter from any old sore) there has been an increase of twenty-five per cent. more cases of tuberculosis and fully twenty per cent. in cases of cancer."

THAT FRANCO-PRUSSIAN WAR YARN AGAIN.—The great and only Daniels, of the *Texas Medical Journal*, discoursing on the subject of vaccination, says that "during the Franco-Prussian war 43,000 German soldiers died of small-pox, and 23,000 French." Allowing the usual death-rate, this would make about 700,000 cases of the disease in both armies, or pretty nearly the whole push.

I. H. A. MEETING.—The time of the meeting of the International Hahnemannian Association for the year 1901 is set for June 24-26, inclusive. The place of meeting is the Chicago Beach Hotel, 51st and Lake Michigan, Chicago, Ill.; Dr. T. D. Stow, President, Mexico, N. Y.; Dr. J. B. S. King, Secretary, 6713 Wentworth Ave., Chicago, Ill.

CORRECTION.—On page 19 of Dr. Hodge's article in March RECORDER the phrase "three decades of the present century" should read *last* century.

THE NEW JOURNAL.—*The Alpha Sigma*, Vol. I, No 1, May, has made its appearance, "A quarterly journal, devoted to the propagation of the interests of the Fraternity." Editor, Dr. Samuel B. Moore, Metropolitan Hospital, New York. It is a handsome publication and contains some sound Homœopathy.

APPLICATION BLANKS FOR MEMBERSHIP IN AM. INST. HOM.—Any member of the profession desiring to procure an application blank for membership in the American Institute of Homœopathy will have one sent to him by return mail on receipt of a postal-card request. Blanks will be sent with the Annual Circular, but

they can be procured in the above manner at any time. Address Dr. Ch. Gatchell, 100 State street, Chicago.

HAD A GOOD TIME.—According to the Fort Wayne *Sentinel*, Indiana, the recently organized Allen County Homœopathic Medical Society and their guests had an enjoyable time at their annual meeting. Among the guests were many leading citizens, including a number of "regular" physicians and nine visiting homœopathic physicians. Dr. W. A. Dewey made the principal address, the burden of it being that the homœopathic physician only is guided to the selection of a remedy by a known law and that he only is a Regular Physician.

CANCER.—"As to the status of the vaccine organism with which we have compared our findings in cancer, a significant article has appeared by von Wasielewski, who has given many years to the investigation of vaccine, and concludes that the characteristic bodies found in the epithelium in vaccination are the vaccine organism. One feature in his reasoning in this connection is that the vaccine organism can be removed by filtration through a Pasteur bougie and is, therefore, of invisible dimensions. It may be stated that to our minds this is the only possible criticism of the present status of our own work, in that thus far we have been unable to entirely rule out the possibility of our results being due to the presence of an infinitely minute and invisible parasite. We have in contemplation, however, experiments which we hope will ultimately give us evidence upon this point."—*From Report of Roswell Park, M. D.*

MARRIED.—Dr. E. Kingsland Johnson was married on April 29th. After the wedding tour Dr. Johnson will open a new office at No. 6 126th street, New York City.

LEE HOSPITAL.—The second report of the Lee Private Hospital, Rochester, N. Y., is a handsome pamphlet of 77 pages. In four years this hospital has grown from 6 beds to 30. Dr. J. M. Lee, surgeon.

PERSONAL MENTION.

Dr. E. G. Freyermuth, of Denver, has sold his practice and other interests in that city and is seeking a location where the climate will be more favorable to his wife's health.

Dr. R. A. Race has removed from Lafayette, Ind., to Adrain, Mich. Dr. Race freshened himself up by taking a course in the McCormick Optical College, of Chicago, as he expects to do special work in refraction.

Dr. N. C. Davis, of Indianapolis, made a rush visit to Chicago on special business lately.

Dr. J. P. Cobb, of Chicago, was called to Beaumont, Texas, in consultation, during the serious illness of Mr. Perry Hull.

Dr. F. W. Rich, of Riverside, Ill., called recently. Dr. Rich is one of those busy men who are tied down to their work, and although he lives in Cook county, within a few miles of Chicago, rarely gets to the city.

Dr. W. A. Dewey, of the Michigan University, visited Chicago recently for the purpose of buying his wife a pair of gloves, and incidentally (?) to call on some of his many friends. He is always a welcome guest.

Dr. C. B. Prouty, of Chicago, has recently built an addition to his home which will be used by Mrs. Prouty in her work of firing china. She being an expert in china painting.

Dr. O. D. Noe, one of the most progressive, enterprising men of central Illinois, was a Chicago visitor recently. Dr. Noe's daughter is also engaged in the practice; being associated with her father.

Dr. T. Bacmeister, of Irving Park, Ill., is a firm believer in manual training for the young and has fitted up a fine gymnasium for the children of his town, he being their instructor.

Dr. Thomas Stewart, Senior Professor of Ophthalmology at Pulte College, Cincinnati, is one of the most modern up-to-date teachers on that subject in the profession. His lectures are very pleasing and practical.

Dr. C. H. Cannon, of St. Paul, Minn., was a Chicago visitor lately. The doctor, in addition to a large practice, looks after the interests of an important office of the Northern Railway Company.

Dr. W. A. Shepard, throat and lung specialist, of Colorado Springs, Colo., passed through Chicago recently. The Doctor is called to all parts of the country in consultation.

Drs. Overpeck and Schell, two of the leading physicians of Hamilton, Ohio, are advancing the cause of Homœopathy in a very satisfactory way. Dr. Schell promises the RECORDER a paper on *Crotalus Hor.*

Dr. E. J. Boutin, of Hampton, Ia., has returned to his home after a post-graduate course at Dunham College.

Dr. Charles E. Walton, of Cincinnati, has fully recovered from his recent illness caused by blood poisoning contracted during an abdominal surgical operation. His suite of offices, at the corner of Eighth and John streets (to which he has lately removed) are second to none.

Dr. E. R. McIntyer, of Chicago, has removed his downtown office from 92 State street to 70 State street, in the Bay State Building. Dr. McIntyer has the manuscript ready for his new work on nervous diseases which we hope will soon be ready for the profession.

Dr. C. G. Raue, author of *Diseases of Children*, has opened an office at 1621 Chestnut Street, Philadelphia. A fine, central location.

Dr. Wm. Tod Helmuth has removed from Hotel Bristol to 667 Madison Avenue, New York.

Dr. Chas. S. Macy has removed from his old home at 117 West 12th street to West 71st street, New York.

Dr. Nash read a paper before the Homœopathic Medical Society of the County of New York, April 10th, at Chapter Room in Carnegie Hall. Crowded meeting, some obliged to sit on floor.

In Brooklyn: Dr. W. L. Fiske has removed to 1140 Dean street; Dr. Robert Boocock to 2905 Avenue C; Dr. Stuart Close to 209 Hancock street; Dr. Perry Dikie to 17 Schermerhorn street; Dr. E. Hasbrouck to 389 4th street; Dr. George F. Lazarus to 1003 Flatbush avenue; Dr. M. R. Levenson to 81 Lafayette avenue; Dr. R. I. Lloyd to 450 G street; Dr. I. H. Patton to 201 South Riffman street; Dr. Isabelle Rankins to 866 Driggs avenue.

The 30th Annual Commencement of Pulte, on May 6th, at Cincinnati, was an encouraging event for those with the interest of that college at heart. The Alumnae reunion was held in the parlors of the Hotel Sterling, at which officers were elected as follows: President, Dr. Frank Webster, Dayton, O.; First Vice-President, Dr. I. N. Palmer, Newark; Second Vice-President, W. L. Brown, Lebanon; Third Vice-President, Bertha Anthony, Cincinnati; Fourth Vice-President, J. W. Blackburn, Dayton; Secretary, Charles Geiser, Cincinnati; Treasurer, C. A. Pauley; Executive Committee, Dr. Ida McCormick, Dr. J. W. Overpeck, of Hamilton, and Dr. J. W. Means, of Troy, O.

PERSONALS.

Increase your consumption of food not from the butcher's shop and help knock out that "meat trust."

FOR SALE. An elegant residence and \$5,000 homœopathic practice in eastern Ohio. A thorough introduction to my successor. Liberal terms to the right party. Address, O. W., P. O. Box 921, Philadelphia, Pa.

FOR SALE. Physician's business location; first-class opportunity; business established twenty-five years. Colonial house, twelve rooms, all conveniences; large grounds, fruit and shade. Large borough in N. J., near Phila., with twenty surrounding towns. Owner wishes to retire from business. Applicant must make one-half payment on property. Address, X., P. O. Box 921, Philadelphia, Pa.

After 48 years of active practice, Dr. Frederick A. Warner, of Lowell, Mass., has retired.

No, Mary, it is hardly necessary to boil your visiting cards.

"Homœopathy is a living principle, and can no more be defined than can music, or art, or love, or life."—Dr. John H. Clark.

Medical Press reports a bad case of psoriasis, caused by vaccination, and the *British Med. Jour.* of a case of small-pox, apparently from the same cause.

True, Mary, the Doctor of Divinity is the oculist of the mind's eye, and you might, on a stretch, term him a fire insurance agent.

"To steal another doctor's patient is a crime justifying deportation or hanging."—*Woodworth, Denver Medical Times.*

"Don't be guilty of stealing another doctor's patient, but if you are called in consultation, look wise, suggest a change of medicine, and by your confident nod lead them to believe you're just a little smarter than the attending physician. When they get sick next time they will call you. That's ethics."—*Ibid.*

Dr. Lawrence's *Practical Medicine* has made a host of friends. Get a copy and learn the latest touches.

Whether you term it "eccentricity" or "darned foolishness" depends on yourself, but does not alter the facts.

When you say "How young you are looking," there is a gloomy something looming behind the compliment. What is it—as the puzzle pictures put it?

Asepticon looks like a winner; it is "new and superior."

Rumor has it that a new book by Dr. Clarence Bartlett is about ready for the compositor. It will be a success if we may judge by Bartlett's past work.

If you are hunting trouble, start a Schley-Sanipson-Miles-Root-Roosevelt argument and you will find it.

No, Mary, Wall Street is not, literally speaking, that is, a lamb's wool emporium.

President Norton's 3d edition of *Ophthalmic Diseases and Therapeutics* is making many new friends.

No, Mary, you cannot properly call a trunk-strap a "trunk-line."

IN MEMORIAM.

RICHARD HUGHES, M. D., (England.)

WILLIAM TOD HELMUTH, M. D., (America.)

"Died at his post." How flit the fleeting years!
It seems but yesterday I read that, written
About a comrade, and not moved to tears
As one full sorely smitten.

'Twas when the land was red from bloody strife
And many a home heard Rachel wildly weeping
For him who took from her the light of life:
Such was the Reaper reaping!

But little recked the soldier at his post—
Her desolation swerved him not, for Duty
Made Freedom's fieriest holocaust
A shining shrine of beauty.

"Died at his post," we read of him one day.
His tent-mate said: "He got his 'marching orders,'
The 'pass-word,' too, and, smiling, made his way
Beyond the sentry's borders!"

* * * * *

"Died at his post," we proudly say of them,
And in our hearts we build for them an altar.
Theirs now for aye to wear the diadem—
Ours not to falter!

243

THE HOMŒOPATHIC RECORDER.

VOL. XVII.

LANCASTER, PA., JUNE, 1902.

No. 6

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Twenty-third Annual Session.
(Year 1870.)

The twenty-third session of the American Institute of Homœopathy was opened on Monday evening, June 6, 1870, with a preliminary meeting at the home of D. S. Smith, M. D., Chicago, Ill., who was the oldest practitioner of Homœopathy in the Northwest. The evening was a social one, and the genial host added to the entertainment by his bountiful hospitality.

On Tuesday morning the Institute convened in Crosby's Music Hall at 10 o'clock and was called to order by the President, David Thayer, M. D., of Boston. Prayer was offered by Rev. Dr. Kelly, and the welcoming address was delivered by Gaylord D. Beebe, M. D., of Chicago, Chairman of the Committee of Arrangements. An introductory address was made by the President of the Institute, who spoke of the membership, which consisted of the best members of the profession, and of its rapid progress in the different States.

At the close of the address, Dr. Thayer appointed the following Committee on Credentials: Henry M. Smith, M. D., of New York; N. R. Morse, M. D., of Salem, Mass.; Francis Woodruff, M. D., Ann Arbor, Mich.; T. R. Nute, M. D., Chicago; D. H. Beckwith, M. D., Cleveland, O., and F. A. Rockwith, M. D., Newark, N. J.

He also appointed as the Auditing Committee, Walter Williamson, M. D., Philadelphia; C. H. Skiff, M. D., New Haven, Conn.; G. M. Seidlitz, M. D., Keokuk, Iowa; A. E. Small, M. D., Chicago, and L. M. Kenyon, M. D., Buffalo, N. Y.

The Chairman of the Auditing Committee reported the Treasurer's Report correct.

The Committee on Publication, through I. T. Talbot, M. D., retiring Secretary, reported that the Committee had on hand one thousand copies of a volume of five hundred and fifty-two pages, in seven sections. The total amount of publication for the year had been about six hundred and ten thousand pages.

The Secretary read a letter from T. S. Verdi, M. D., of Washington, stating that the "Washington Medical Society" had the exclusive right, granted by act of Congress in 1836, to license physicians to practice, and without such license any practitioner was liable to a fine of \$300, and was prohibited from collecting by process of law. He gave a history of how he had succeeded in getting Congress to grant a charter for a Homœopathic Medical Society, granting the right to examine and license practitioners of either school in Washington.

C. Pearson, M. D., of Mt. Pleasant, Iowa, said he believed there was a resolution much like this adopted about 1853, making it necessary for any one who proposed a member to state at what college the candidate graduated. He offered this resolution, which was adopted after a slight amendment by Dr. E. C. Franklin, who proposed that "year" should be substituted for "class:"

"*Resolved*, That the Censors be required to state in what medical college and year the applicant for membership graduated, and that this statement be published with the names of members after their admission."

In the absence of Henry D. Paine, M. D., of New York, Chairman of the Bureau of Clinical Medicine, S. M. Cate, M. D., of Salem, Mass., announced the papers that were prepared for the report.

H. D. Paine, M. D., sent a paper upon "Relapsing Fever," in which he told of his experience with six cases of the peculiar disease which occurred among some poor emigrants from Germany. He stated that the malady sometimes prevailed in countries where the poor suffered from improper or insufficient food, but it was unknown in the United States, except as in the cases here presented. Dr. Paine had discovered that even physicians of the old school had used only prophylactic and hygienic measures in treating this fever, but his desire was to discover the homœopathic cure for it, and he proposed to continue his researches toward that end.

S. M. Cate, M. D., of Salem, Mass., read a paper on "Pathological Anatomy as Related to Therapeutics." This article was a very long and discursive description of the necessity for pathological as well as medical knowledge, with many examples in support of the theory. He did not depend upon symptoms alone, but found by careful examination the full extent of the disease and all of the organs and tissues involved, and in cutaneous diseases he watched that he might be thoroughly cognizant of the true nature of the eruption. By such care and equally professional medication he hoped that practitioners would some day be better able to cope with persistent maladies.

D. H. Beckwith, M. D., of Cleveland, contributed a paper upon "Climatology and its Relation to Respiratory Diseases." He stated that the progression made in the climatic treatment of diseases was most encouraging, and he touched upon suitable localities for certain conditions of health; giving authorized statistics relating to elevation, moisture, air currents and other meteorological data, and showed examples of the benefit of prescribing climate as well as medicine for certain well known and much dreaded diseases. Having studied his subject intelligently, Dr. Beckwith was able to say much that has since been proven.

S. Lilienthal, M. D., of New York, contributed a paper upon "Diseases of the Optic Nerve from Cerebral Affections." He described the diseases of the eyes and their causes, the remedies and their actions, as well as the danger of too persistent use of some, and suggested more elaborate provings of comparatively new medicines. The paper treated of electrotherapy in cases of neuro-retinitis and its inefficiency when atrophy has supervened. Dr. Lilienthal showed clearly that his researches were leading him toward the more elaborate and successful practice in eye diseases that has marked a grand new era for maladies that were heretofore considered hopeless forerunners of blindness.

William H. Holcomb, M. D., of New Orleans, presented a paper called "Clinical Contributions." He first mentioned Hekla-Lava, a drug prepared from lava from the great volcano of Iceland, and described its effect upon the sheep and cattle of Iceland, and gave, so far as was known, its concomitant ingredients.

Dr. Holcomb quoted in full a letter from Dr. J. J. Garth Wilkinson, of London, relating to the remedy and its uses, and gave a list of diseases, particularly of the bones and teeth, that he had treated with the remedy in quite a satisfactory manner. He also

gave his professional experience with *Rana Bufo* in the successful treatment of epilepsy. To him this remedy had been more satisfactory than any other for the persistent malady. He also described a very remarkable case of treatment in an aggravated carbuncle, and mentioned a very successful case of rectal injections of chloroform for the cure of puerperal convulsions after delivery.

William Gallupe, M. D., of Bangor, Maine, described his treatment by medicine of "Carbuncles, Boils and Nasal Polypi" in different individuals, giving his mode of administering the remedies and the frequency and dilution of the doses.

J. C. Burgher, M. D., of Pittsburg, Pa., presented a short but powerful paper on "Electro-Therapeutics," giving the benefit of electricity in the treatment of some forms of disease. He traced its study back to Hahnemann, and proved its wonderful efficacy when properly prescribed, but showed that the use of the electric current should not be left to those who do not understand the conditions of the patient.

"Mechanical Constriction of Bronchocele" was the subject of Dr. T. R. Nute's paper. He cited his experiences in the treatment of bronchocele and gave his manner of prescribing, both internally and externally. The doctor spoke of Iodine as the true similia for the troublesome disease.

L. M. Kenyon, M. D., of Buffalo, N. Y., read a paper on "Typhoid Fever, as it appeared in Buffalo in 1869-'70."

J. P. Dake, M. D., moved that the papers be discussed, and T. C. Duncan, M. D., proposed that the speeches be limited to five minutes.

L. Pratt, M. D., of Wheaton, Ill., offered the following resolution, which was adopted :

Resolved, That the reading of reports of committees be limited to fifteen minutes, and if said reports are too lengthy to be read within that time the Committee shall present a brief statement of the contents of the report, or read by title, as they elect, before it is referred to the appropriate Committee."

F. R. McManus, M. D., Chairman of the Board of Censors, presented the names of ninety-five physicians, who, being qualified for membership, were at once elected.

Henry M. Smith, M. D., of the Committee on Credentials, reported that one hundred and eighteen physicians, of whom eighty-five were members of the Institute, had handed in their

names to the Committee. The American Institute of Homœopathic Pharmacy and the Western Institute of Homœopathy were the general societies represented, and there were also delegates from eighteen State societies, fifty-two local or county societies, eighteen hospitals and asylums, thirty-one dispensaries and asylums, ten colleges and ten journals.

At the evening session the Annual address was delivered by Carroll Dunham, M. D., of New York. The subject was "Freedom of Medical Opinion and Action, a Vital Necessity and a Great Responsibility."

Dr. Dunham's address was full of strong opinions. It began at the first great opposition to Homœopathy which came after the derisive attacks, which showed that the enemies to the newly-discovered science supposed that, having felt the biting sarcasm and unjust taunts, the few followers of Hahnemann would forsake the great teacher's standard and return like punished children to their old allegiance. But they did not forsake the truth that had planted itself in the hearts of these few toward the great fruition of later years. They, like Hahnemann, withstood every persecution, not for themselves, but for the sake of suffering humanity for all after time. They knew that to them the truth was entrusted; they knew if they were not steadfast that this truth might for a time be crushed to earth, though to rise again. But they were not willing even for momentary oblivion, and so they persisted. as some time before the right had been supported, even through streams of patriot blood. When antagonists were convinced that the doctrine was more firmly founded than they thought, then began the petty persecutions, apparently insignificant, but not less irritating, such as the obligation to return the diploma to the college bestowing it if at any time the graduate should decide to "deviate from the methods taught in the college during their pupillage." The object of this obligation, just at the time when Homœopathy was having its fiercest opposition, was so obvious as to make explanation unnecessary. Dr. Ludlam asked, "Is, then, medical science so complete, or the art, as they practice it, so successful, that any change must of necessity be for the worse?" Can it be that when a physician steps beyond the rules that he was taught, must all of his knowledge go for naught because his observation teaches him that the art may be improved upon? At the time in which Dr. Ludlam spoke, old school practitioners were actually not permitted any intercourse

whatever with homœopaths. If they did, they risked excommunication. Thus, even social friendship became almost impossible between members of the two schools, lest some one might report that such an one was becoming an apostate—a homœopath.

True, perhaps had every non-school adherent been lion-hearted, and persisted through all animadversions to proclaim and practice, it might have been different; but the trouble lay in the preponderance of numbers, for the older profession warned the public, and thus a double system of dynamics worked against the truth. How much greater, then, its triumph must be.

But now, 1869, the great Institute of Homœopathy is fully established, and the school stands out as the one only body of physicians in the United States that professes a principle of therapeutics, a principle so wide in its application as to express the natural law of restoring health by the drugs, that, acting upon the diseased organism, returns it to its normal condition, and thus obtains the desired result. It actually seemed impossible to convince even scientific men that as disease is a result of some disturbance in the organic system there is no use in administering to the disease, which is only a condition; but that the object must be to return whatever organ is in distress to its natural action, and the disease must disappear. The very simplicity of the doctrine seemed its greatest stumbling block.

The fundamental law of therapeutics is the standard, the creed of Homœopathy, and the members of the Institute are banded to adhere to that creed. Each member has a specified duty to perform or he is not a true homœopath. Though even now practitioners of other schools are associated with us, presuming that the principle—*similia similibus curanter*—means all and that a belief in that is sufficient credential for membership. So they move among us, concoct remedies and administer mixed doses in surprising quantities, presenting to ridicule the small dose of a single remedy which is indeed the great law for prescribing similars.

As for those who pretend to be homœopaths and are not, they are but proving the science to be sufficiently important to be imitated. And who ever imitated anything that was not expected to secure some benefit, financially, or otherwise. Therefore such apparent enemies are really disguised friends promoting the growth of the school.

Dr. Ludlam did not advocate exclusion of gentlemen who did

not exactly agree upon the power, or even the size of the dose, providing the law as discovered by Hahnemann was an accepted fact. He advised freedom of action and friendly interchange of ideas and experiences. Particularly he urged upon all to adhere to the object of the Institute, the discovery and proving of drugs, toward the establishing of an unquestionable therapeutic system, or law, for the guidance of every practitioner under the standard of Hahnemann. He would not exclude any physician from the Institute, but he would try to teach them by theory and example, hoping thus to make a convert rather than an enemy.

Dr. Ludlam, in the most delicate, but decided language repudiated the exclusion of women from the Institute and the profession, saying that they were constituted to comprehend and administer remedies as well as any one, and that they should therefore have the choice of becoming members. He also spoke upon the necessity for a code of ethics which would meet every contingency. But in that code he would not insinuate against any evil that by the laws of humanity, as well as of God, should not exist. The education of a physician of any school is to be taken for granted. If an interloper, uneducated, unequal to his obligations, should appear among the fold, individual punishment must follow in order to protect the public against such unjust, even criminal conduct, but it would stand an open insult to the profession to make a clause in the code to meet such villainy.

He said there is no law against polluting the spring from which a populace obtains its drinking water, but if one so dastardly is found his punishment comes swift and sure. So must it be with any one who would, by his ignorance or evil intention, pollute the spring of knowledge when mankind's life and welfare depend upon its purity. The old Roman law provides no penalty for parenticide, because the utterance of such a law would acknowledge that such a crime could be possible. But let one commit the terrible crime, and no punishment could be too rapid or too severe.

So, although nameless in the code, certain crimes against the profession, and through it to humanity, will and must meet condign punishment. Yet we must hope and believe that there can be no follower of Æsculapius who will wilfully destroy human life through careless practice or purposely injure the reputation of a brother practitioner.

We demand liberty of opinion; therefore, we must be watchful that our opinions are securely founded upon faithful study of the acquirements which embrace the whole circuit of medical knowledge. We must not neglect to make ourselves masters of the science to which we have devoted our lives and talents. Neglect of this would be criminal indeed.

If we claim liberty of action, then "must we take care that our actions, springing from well-grounded opinion, be honest, faithful and efficient."

The speaker closed with a quotation from Chillingworth, "I will take no man's liberty of judgment from him, nor shall any man take mine from me. I will think no man the worse man. I will love no man the less for differing in opinion from me, and what measure I mete to others I expect from them again."

At the second day's session, R. Ludlam, M. D., invited the Institute members to be present at the laying of the corner-stone of the Hahnemann Medical College, of Chicago, at twelve o'clock on that day.

The Bureau of *Materia Medica* then announced papers from its members. The Chairman, Conrad Wesselhœft, M. D., read his report, stating that the object of the Bureau for the ensuing year would not be so much the obtaining of new remedies as the verification of the great number of drugs already in hand. He said it was easier to get new provings than to verify the old through clinical experience. This object was to be accomplished by collecting the clinical knowledge of all homœopathic physicians of America, but no clinical observations upon unproven drugs were to be accepted. Physicians were requested to report only those cases of which they had kept personal record in their own case-books or diaries, and no one was to depend upon memory nor give mere generalities. They were to note the name of the disease, duration of treatment and time when improvement was noticeable from commencement of treatment, and particularly were the symptoms to be given which led to the selection of the remedy for the cure of the patient.

In reporting remedies and provings, each physician was specially directed to give the name of every contributor, so that he could be credited and also held responsible for the accuracy of his experimentations or observations. Examples of cases of verified symptoms of *Anacardium*, *Alumina* and *Eupatorium perf.* were given with the time of proving, symptomatology, etc., by or under

the name of Drs. W. E. Payne, H. L. Chase and Walter Williamson.

The clinical experiences thus obtained were to be published as a "complementary task to the good work inaugurated by the 'American Journal of Materia Medica,'" conducted by Drs. Constantine Hering and H. M. Martin, of Philadelphia. The central object of this combined work was to obtain a combined systematic working of the whole profession in the United States toward perfecting the *Materia Medica*.

Dr. Wesselhœft also presented "Verified Symptoms" of *Sepiæ succus*, *Lycopodium clavatum*, *Sulphur*, *Alumina*, *Squilla mar.*, *Bryonia alba*, *Kreosote*, *Nux vomica*, *Sabina*, *Sambucus nigra* and *Belladonna*.

William E. Payne, M. D., offered a series of twelve provings, one accidental proving and one interrupted proving of "*Lilium Tigrinum*" showing its usefulness in Uterine disturbances.

E. M. Hale, M. D., of Chicago, presented a paper on *Kali Bromatum*, giving the chemical qualities, medical history, pharmacology and method of administration, together with its general symptoms. Special symptoms were also noted by many prominent physicians. Acne of Bromide of Potassium was the subject of an important appendix to this paper.

M. A. Tinker, M. D., of Brooklyn, read an article on *Sanguinaria Canadensis*, giving some valuable provings. He told of several Clinical cases which illustrated the value of *Sanguinaria* in whooping cough and severe protracted cough.

A. M. Cushing, M. D., of Lynn, Mass., gave a proving of "Bromide of Ammonium," with resumé by Dr. Hale.

J. P. Dake, M. D., submitted an article on "Combined Attenuations." The paper was short, but endeavored to set a standard for provers of drugs. Dr. Dake proposed "to combine in one dose, for proving, the several preparations, say, the first, second or third attenuation and the sixth, twelfth, thirtieth and two hundredth" the doses to be given to fifteen or twenty healthy provers of different ages, sex and temperaments, thus obtaining the pathogenetic range of the drugs to be tested, with no loss of time.

W. Eggert, M. D., of Indianapolis, contributed a "Proving of Hydrate of Chloral, and its application in Surgery," and gave a concise account of the use of the drug as an anæsthetic, though not recommending its universal use.

Samuel B. Barlow, M. D., of New York, read a short paper on "Animal Poisons."

M. D. Lynn, M. D., gave a proving of Bromide of Ammonium.

Walter Williamson, M. D., of Philadelphia, gave an incidental partial proving of *Ptelea Trifoliata* obtained by chewing a small piece of the bark of the root while preparing a tincture.

Bushrod W. James, M. D., of Philadelphia, offered a resolution that he thought would expedite the business of the Institute, as well as improve the reports of the Bureau. After some discussion the resolution was adopted as follows :

"*Resolved*, That each new Bureau, respectively, shall be appointed immediately after the business and discussion of the report of the past year shall be ended.

"*Second*, That the Chairman of each Bureau shall call it together after such appointment, before the end of annual meeting, to arrange its work for the year." Dr. James said his object was to make sure that the Committees should meet once at least, which it was doubtful they would do if they separated.

At three o'clock on the afternoon of June 8 the members of the Institute were driven in omnibuses to the site upon which the new Hahnemann Medical College was to be erected, to participate in the laying of the corner-stone of the building. The President of the college, A. E. Small, M. D., in his address, explained that they had assembled to inaugurate one of the greatest enterprises, the laying of the corner-stone of a college to be named in honor of the man who had discovered and given to the world the great central principle in therapeutics, popularly known as "Homœopathy." Protected by the Sovereign Ruler of the Universe, the building was planned, and under the same grace he hoped the building would be accomplished in a few months.

The stone was placed in site by the Building Committee, and the cement applied by Dr. Small, after the box, containing the historical documents, copies of daily papers, the commencement exercises of the College and Hahnemann's Organon, had been deposited. Dr. Small then concluded the ceremonies with a few remarks about the College, and hoped that the science for which the grand improvement was made would grow into public favor and convince the world of the stupendous truth that had dawned upon the great scholar while he was earnestly seeking to advance the art of healing to a more perfect standard of excellence. He said that thirty years before, Hon. J. Y. Scammon, a distinguished fellow citizen of Chicago, had been the first to engage

a homœopathic physician for his family. Three years previous to that Dr. David S. Smith had prescribed the first homœopathic medicine that was administered in the State of Illinois, while at that time, 1870, there were, in Chicago, about one hundred thousand patrons of homœopathic practice and twice that many more in the State. Mr. Scammon had patronized Dr. Smith as a physician, and loved him as a friend, and had done all in his power to aid the spread of the new school. He had established a hospital which was called Scammon Hospital, and its growth was such as to require a new building. Dr. D. S. Smith had been President of the college for ten years, and never lost his interest in the same, whoever presided over it. Dr. Small expressed the hope that the college would hold the distinction of being the corner-stone of Therapia and teach the art of medicine as taught by Hahnemann. It would be tolerant of others and would courteously admit gentlemen of other schools to learn the science as taught within its walls.

Lunch was served in the building in the rear of the college, which was being improved, to be used as a hospital, under the title of the Scammon Hospital. The building and grounds had been donated by the Hon. J. Young Scammon for a hospital to be conducted under the management and medical supervision of the faculty of the college.

Mr. Scammon, being present, was called upon to speak, and responded in a brief address.

H. M. Smith, Esq., one of the trustees of the college, Dr. Holt, of Lowell, Mass., and several other gentlemen made brief addresses, after which the delegates returned to the hall and resumed the work of the Institute.

Carroll Dunham, M. D., Chairman, read his report from the Committee on Homœopathic Dispensatory. The Committee had gone to work in earnest, examining both printed and unprinted homœopathic and allopathic matter relating to the preparation of Dispensatories and Pharmacopœias. Dr. Madden, of London, had even given them the privilege of reading the advance sheets of the "New British Homœopathic Pharmacopœia." The Committee concluded to have each member select three drugs upon which to prepare an article, expressing his ideas of the manner in which they should be inserted in a Homœopathic Dispensatory. Early in May, 1870, this Committee had met in New York and had decided upon a plan by which to meet the requirements of the

desired Dispensatory. By this plan it was decided that a Homœopathic Dispensatory should be a compendium of the natural history of all the drugs constituting the Homœopathic Materia Medica, sufficient to make correct identifications of specimens; of the pharmaceutical history, sufficient to give clear directions from their preparation as medicines; of their medical history, to that extent as to be able to give authentic references to the exposition of their pathogenetic qualities.

Exactness, perspicuity and brevity were to be the features of the work; and to secure this the introduction to the work should contain the pharmaceutical rules and processes for the manipulation of the drugs; these drugs to be classified according to substance, nature and the preparations and vehicles to be used in preparing dilutions and triturations. These points, being numbered, could be referred to by each separate number through the work, thus avoiding the occupation of unnecessary space. Alphabetical arrangements of drugs was regarded as very desirable in the work.

The book thus prepared and subjected to true scientific revision in the different branches by known experts would make a work both authoritative and exhaustive. The Committee proposed also that the labor of preparing the Homœopathic Dispensatory, under the authority of the Institute, to be published, when approved by that society, should be entrusted to nine members to be appointed by the Institute, this Committee to have power to consult and call upon experts throughout the country to obtain aid and counsel in their numerous departments. It was also suggested that the Committee should be composed of members from contiguous States, so that it would be convenient for them to meet and consult. This report was signed, Drs. Carroll Dunham, Walter Williamson, F. A. Rockwith, T. F. Allen, J. J. Mitchell, H. M. Smith and F. E. Boericke.

It was moved by J. C. Sanders, M. D., that the acting Committee should have power to elect from the Institute the number to make up the quota. The motion was carried. Dr. Dunham said if the Institute should order the preparation of the work it would begin at once.

Dr. C. H. Haeseler proposed that the Institute should consider the cost of such an undertaking, whereupon Dr. S. Lilienthal said it was a necessary work, even if it cost each member \$25. He thought that through it Homœopathy would be raised

higher than ever, and said: "Let it cost what it may, give us the work."

Dr. Ludlam then offered this resolution, which was accepted :

"*Resolved*, That the Institute order the preparation of a Homœopathic Dispensatory, to be submitted to the Institute before publishing, and direct the President to consider the suggestion of the Committee on a Dispensatory concerning the plan and the selection of the Committee."

The President re-appointed the gentlemen on the Bureau and gave them power, as suggested by Dr. Sanders, to select two additional members.

ON THE PATHOLOGY OF DRUGS.

By Thomas C. Duncan, M. D., Chicago.

There are doubtless some readers of this journal who may be expert pathologists; if so they will confer a favor on the profession by pointing out lesions caused by our various drugs.

That wonderfully destructive Calomel.—Of course the old men can tell us what *Mercurius*, can do and has done. Some of the skeptical may yet discover that bichloride cannot be fooled with, even in the $\frac{1}{1000}$ solution. While they are recounting the loose teeth, necrosed bones, cirrlosed liver and desquamative nephritis, we might *study* the sad and silly multitude who have been prompting sluggish bowels lo! these many years. We are told that Merc. is a glandular remedy that will reduce hypertrophied tonsils, but we want to know all the lesions that it will and has produced. How does it do it.

Next Acid Carbolie.—We all remember the shock a German professor gave to a Congress of Physicians in Paris, when he told the assembled surgeons that he credited his former heavy mortality in laparotomy to the misty but deadly *Carbolie* spray. The atmosphere cleared. It is now asepsis and not antiseptis. *Carbolie* will produce necrosis and bleach urine. Is that also necrosis of the blood that exudes from the denuded kidney tubes? Does it work as an acid or as an anæsthetic?

Then there is Arsenic.—How does it produce gastritis, emaciation, tussles with cholera and still cure cancer? What pathological lesions will it *produce*—not what will it cure?

The whole long array of acids might be summed up from A to Z, and ask what they will do. Do they work alike to tear down?

The great field they occupied seems to swarm with bacteria, which is first and last in the field; but tell us what the acids will do.

The land of the Alkalies.—Then take us into that land (they are of the earth earthy) and show us what they will cause. There are only a few of these, you know; there are *Ammonia*, *Calcareas*, *Kali*, *Magnesia*, *Mangan*, *Sodium*, *Strontium* and more to follow. What lesions will they cause? I might go on from A to Z and demand a list of the lesions, but perhaps this dose is large enough for once.

Those “*fidgety feet*” of *Zinc*, by the way, are a study. Is it a hyperæsthesia or lumbar hyperæmia that causes restless muscles here as elsewhere? Ah, that should interest that large class of knowing neurologists.

The heart of Zinc is also worthy of study. Let me read you from Heinigke Pathogenetic Outlines of Drugs: “*Painful palpitation, with sensation of stitches. Stronger beat of the heart without any distressing sensation.*” What is the explanation of that? Let me read on, “*Venous stasis, tendency of the capillaries to burst and sanguineous extravasation.*” What is the cause of that? “*Chilliness for several successive days, shaking chill without subsequent heat and perspiration.*” That looks like a nervous chill. Old Dr. Lord (intermittent fever) said chill began in the back. What kind of backs cannot keep warm? Hyperæmic ones. Now, do you not see an explanation of those heart symptoms?

TUBERCULOSIS, FIRST STAGE AND CURE.*

Calc Phos.

CENTRALIA, ILL.

C. B., aged 16 years, nearly six feet in height, very slim and weighs 110 lbs.; dark hair and eyes, pale and much emaciated; “strait as an arrow,” when walking, or sitting; growing rapidly; attending schools, and studying hard to graduate.

For several months has practiced masturbation; is subject to frequent attacks of epistaxis, and has been for years, and now presents the following symptoms: Very sensitive to cold, damp, rainy weather; nose and ears cold; cold all over, east wind,

* Contributed to “the Old Guard.”

snow storms and melting snows; aggravation from exercise; great shortness of breath; respiration much hurried; pulse 110 beats per minute, temperature 101 to 103°; hectic flush on each cheek; cold, sweaty feet and hands; with long, slim fingers; night sweats; stomach and abdomen flabby and sunken; hoarseness day and night; burning in the larynx; hemming and hawking to clear the throat; involuntary sighing; cough with soreness in the throat; soreness of the left clavicular region; with yellow sputa; most profuse in the morning; amelioration from warmth and lying down.

The disease was located in the clavicular portion of the left lung. *Cal Phos.* C. M. one dose, and *Sac Lac.* for a month; to quit his vicious practices; quit school; and to exercise in the open air, in all suitable weather; bathe the feet often in hot water, and take a general sponge bath once each week, with warm underclothing and brisk friction with coarse crash towel, nightly.

March 3d, reports much improved in all respects; all urgent symptoms disappearing; to return to school; with *Sac Lac* for another month.

April 1st, apparently well, and was discharged cured, and remained well for two years, when he left the State.

J. A. WAKEMAN, M. D. ('39),
Member of "The Old Guard."

NOTES ON ZINCUM SULPH.*

By J. A. Wakeman, M. D. ('39), Centralia, Ill.

"*Hyperæsthesia* : This condition is called morbid sensitiveness.

It is frequently in combination with a state of fidgetiness and restlessness, and then it is called nervousness."

This is an exceedingly troublesome affection, and in some cases it is of nightly occurrence and of months and years duration.

Usually affects the lower extremities, and apt to come on soon after retiring. A strange and indescribable sensation often commences about the pelvic organs and passes down one or both limbs in a *wave-like sensation* and off the feet, and more unbearable than pain. The patient cannot sleep, nor can he remain in bed in some bad cases, and can obtain partial relief by walking about the room.

* Read at a meeting of "The Old Guard" at Chicago.

Nearly always at night, but sometimes during the day or in the evening, when sitting or lying down.

Impossible to remain quiet and very little relief from moving about; is usually worse before twelve o'clock at night; no rest; no sleep as long as it remains bad, and wears the patient out.

Does not seem to be influenced by either heat, cold, rubbing or pounding the limb.

It is certainly produced and kept up, in some cases at least, by irritation in the pelvic or generative organs, and ceases when the cause is removed.

Case I. Miss H., aged 20 years, has had menstrual irregularities for many months, with slight leucorrhœa and irregular bowels; is fidgety day and night, cannot sit down to sew nor read, must keep moving, exhausted for want of rest and can only sleep short naps; not half the sleep she needs; can hardly hold her head up and looks haggard and worn, with a constant headache, and has suffered in this way for months and no relief from treatment. Physicians comforted her by telling her that "she would have to wear it out or let it wear her out," and under these circumstances she decided to try Homœopathy.

Zincum sulph. c. m., two or three doses, cured perfectly in three or four months.

Case II. Mrs. P., aged 40, a widow and mother of several grown sons and daughters; husband killed in a railroad accident a year or so ago; has suffered greatly from this affliction, confined to her lower limbs, but does not seem to be dependent upon any pelvic irritation. Menses regular, and very slight leucorrhœa; worn out for want of rest and sleep, as hers is only bad at night after going to bed; no rest, only short and disturbed sleeps; usually strong and healthy; been under the care of a good physician, a homœopath, or an allopath, as you wish, who told her the same tale about wearing the trouble out as in case No. 1. *Zincum sulph.* c. m. one dose helped immediately, and for a month she was very little troubled, but did not seem to be entirely free.

She got another dose, with immediate relief as before, and for two months got along quite comfortably, but not well, and on going over the case again discovered that she had strong *Scpia* indications, and she got a dose of 45m, which completed the cure.

Zinc sulph. fails to cure some cases. I have classified the following remedies for this affection: *Anacardium*, *Bell.*, *Hyoscy.*, *Mercurius*, *Rhus tox.*, *Scpia*, *Staph.*, *Stramon.* and *Zinc*.

IMPORTANCE OF DIAGNOSIS.

By Dr. Frohne, Magdeburg.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, December, 1901.

The Diagnosis was Important.

I. Some time ago I was called to a neighboring village to a boy eight years old. The messenger told me that the boy had a furuncle in the neck, and when this became mature the father squeezed it out thoroughly. Immediately afterward the boy became very sick and they had called in a local physician; but this doctor declared that the worst was to be feared, and it would be best if the boy were sent to a hospital.

In consequence, I was called in and found the following symptoms:

The boy was breathing hard, and the chest seemed to be full of mucus. He could not move his head as his neck was stiff. Every touch was painful, most of all whenever his head had to be raised up. The greatest pain was in the right knee, which was swollen, though the color was only slightly reddened; the boy was apprehensive of even the slightest touch on this part. An examination of the lungs showed a normal state in spite of the hard breathing. The temperature was 102° F. The doctor had given him an infusion of *Ipecacuanha* as an expectorant, but it had not shown any effect on the pulmonary symptoms. I did not find out the diagnosis of this practitioner, as the family did not wish the doctor to know that I had been called in, nor that I should consult with him. This is frequently the case, especially when we are called outside of the city, the people being afraid that the doctor might refuse to come another time after hearing that a homœopath had been called in.

Owing to the unexpected state of the lungs the cause of the difficulty in the respiration could not be in the chest, but was evidently in the brain, the centre of respiration, the source of the pulmonary nerve. This was also shown by the stiffness of the neck, which pointed to an affection of the cerebral membranes. But what could be the cause of the seemingly severe affection of the knee? The fact that the boy had had a furuncle in the neck, and that this had been squeezed strongly, probably too strongly, by his father seemed to give the true explanation. There was a

blood-poisoning due to the poisonous substances from the furuncle (toxine, ptomaine, or whatever else we may choose to call it); these must have been squeezed into the adjacent tissues; thence they had spread to the rest of the body and had become localized in the parts affected, as mentioned above. Thus it was blood-poisoning, localized in various parts of the body; *pyæmia*. In consequence of this diagnosis, I gave *Arsenicum* 6 D. in trituration.

When I returned after four days the fever had disappeared, the swelling on the knee had vanished, and the knee was no more painful; the head could move freely, and there was no more sign of dyspnœa; in short, the boy was well.

In this case the diagnosis was of importance in the selection of the remedy, nor could the diagnosis have been properly made but for a knowledge of the cause of the ailment. The case is one of those which show the importance of searching into the cause of a disease, and that nothing should be concealed from the physician, even if the relation should prove disagreeable to the patient or to his relatives. No one should mind the physician, for the physician's motto is: *Nihil humani milii alienum* (nothing human is strange to me). It may not be amiss to keep repeating this motto, for it is frequently disregarded.

Suppuration of the Kidneys.

II. Another case which could not have been cured without a correct diagnosis is the following: A smith in the town, S., twenty-five years of age, called me in to find out what was the matter with him, as he was not getting any better under the treatment of the physician of his lodge, and did not believe in his diagnosis of the case. The physician had diagnosed it as catarrh of the lungs, which usually means pulmonary tuberculosis, and he had treated him accordingly. An examination of his lungs showed some rattling and that the pleura had grown fast on the left side near the heart, but there was nothing else. The patient also had some pain in that spot on taking a deep respiration, and he coughed some; he also had some expectoration and exhausting perspiration, as well as intermittent fever. He was weary and could not remain out of bed for any length of time, because his legs would not support him. The state of his heart and his circulation was also abnormal, for, though the sounds of the heart were clear and regular, still the heart seemed strikingly small and

the hands turned bluish when hanging down. Now, since tuberculous patients frequently have a small heart, all these symptoms seemed to speak for tuberculosis, but I was struck with the fact that the patient neither had the phthisic habitus nor the countenance peculiar to those afflicted with pulmonary tuberculosis; the objective symptoms also, as found in the lungs, seemed to be entirely out of proportion with the severity of the subjective sensations, especially with the exhaustion of the patient. Besides this, the patient complained of dull pains on both sides in the renal region and extending down the legs; the physician of the lodge had explained these symptoms as a consequence of the pulmonary affection. There was nothing suspicious in the urine, which was feverish, indeed, but clear and free from albumen. The patient had been dismissed from military service, owing to an affection of the bladder and the kidneys, caused by a severe cold and a fall during his service; owing to this he had been pensioned. He was of opinion that it was this ailment which had reappeared, but the doctor of the lodge would not acknowledge this. But since I doubted the doctor's diagnosis of tuberculosis, owing to the reasons given above, I came to conclude the existence of a renal trouble, based on his former probably very severe illness. In view of the intermittent fever, the exhausting perspiration, the dull pains and the general prostration, I concluded that there was suppuration of one or both of the kidneys, and accordingly gave *Mercurius sol.* 6, which was also indicated by the exhausting perspiration.

At my next visit he informed me that after the third dose of medicine the urine had become very turbid, and since then he had felt much better. The fever had left him. From this onward he steadily improved, and in three weeks he was able to come to my office, and he did not show any more effects of his illness. The lung symptoms showed a remarkable change immediately after the pus had shown in the urine. All morbid symptoms had at once disappeared and cough and expectoration had ceased.

He requested from me a testimony that I considered his illness a consequence of his disease during military service, and that he could not resume his employment as smith without inviting a recurrence of this attack. The military authorities gave heed to this attestation and gave him a certification to the civil service, and he, in consequence, received an easier position.

Also in this case, the account of his former ailment was a guiding star to a correct diagnosis and to the selection of the right remedy. The account of his prior disease pointed to the urinary organs, the totality of the symptoms pointed to suppuration, such as not infrequently occurs in the pelvis, and the exhausting perspiration pointed to *Mercurius*. It was to be expected that *Mercurius* would cause the reabsorption of the pus or its expulsion, and the latter actually took place.

Tumour Cured Without Operation.

III. An artisan in this city, while at work in the summer of 1900, had received a thrust on the abdomen in the region of the umbilicus; but as there was no wound, and the pain soon passed away, he thought no more of it. But gradually he perceived on that spot an ever-increasing pressure, and felt there a hard swelling, which kept increasing in size. He got his wife to put hot water compresses on it, but though these were continued with great perseverance there was no improvement; so I was called in in the beginning of December. I found a round tumor, as large as a child's head, occupying the middle of the abdomen, with the umbilicus as the center. It extended so far in that the intestines were compressed and there was no stool even after a clyster. The patient, in consequence, had no appetite at all, and had fallen off a great deal; he had no fever. Close to the navel there was a small aperture in the tumor from which there oozed out a little pus. An allopath or an eclectic physician would undoubtedly in such a case have advised an immediate operation; for since the hot compresses had proved ineffective, neither allopathy nor eclecticism has, so far as I know, any remedy which would remove such a swelling. This could only be effected through expulsion by means of a discharge of pus, for an absorption of so large a tumor was out of the question. I myself thought of the possibility that a surgical operation might become necessary, and suggested this possibility to the patient, in case internal medication should prove insufficient. I could not, however, recommend surgery at the time, because the tumor did not yet look ripe; for there was as yet no fluctuation to be observed, such as would have disclosed the presence of fluid in the tumor; if there was any pus, it was evidently only a small quantity, and there was as yet more induration; it would, therefore, have been necessary to scrape out these solid parts, and as they could not have been

removed in their entirety the remains would continue to grow to new ulcers. The patient agreed with my desire to cause the supuration and expulsion of the tumor by internal remedies. I, therefore, bade him continue the hot poultices, while I gave him internally *Calcareo fluorico*, and *Silicea* in alternation; both remedies being given in the course of the treatment in varying potencies.

In a few days a stronger discharge of pus set in, appetite returned and clysters were followed by some stool, showing that the pressure on the intestines was diminished; the patient himself also felt a diminution in the pressure on the bowels. After a continuous improvement for two weeks the tumor broke open, discharging a whole potful of ichorous purulent fluid. From this time on the condition of the patient visibly improved; his voice regained its former power, his appetite became normal and the stool ensued of itself. The tumor was only one-fourth of its former size and became shallow. In the course of a few weeks it further diminished in size, though the final remnant showed, as is apt to be the case, a good deal of pertinacity, and the patient, believing that it would now heal itself, ceased to come for treatment.

The instruction to be drawn from the case is the marked effect of internal remedies conjoined with the old household remedy of the hot poultice. The wife of the patient clearly discerned this, for she remarks: "So long as I applied the poultices alone they did no good, but when the internal remedies were added there was at once to be seen progress."

TYPICAL CATARRHAL DIPHTHERITIS.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, December, 1901.

Miss B. J., twelve years old, a slight and pale girl, had had several attacks of diphtheria; at one time from over-exertion, at another from taking cold. I have some suspicion also that the bath-room at the head of the stairs is a breeding-place for permanent bacilli.

On Wednesday night the girl complained of her throat, was peevish and feverish, and could not stay up. Next day I was

called in and found the characteristic diphtheritic coating on the left tonsil, while both tonsils were red and swollen. She had some trouble in swallowing, also fever, and was quite peevish after a restless, sleepless night. The mother had put a water compress around her neck and given her *Aconite* and *Belladonna* in alternation. *Belladonna* was retained and given in hourly alternation with our specific diphtheria remedy, *Acidum nitric.*, four drops of each in half a wineglassful of water. Especial care was taken to induce a two hours' perspiration, which is a *sine qua non* condition for a favorable course of the illness without complications and without the otherwise frequent sequelæ, such as glandular abscesses, diphtheritic croup, acute rheumatism or paralysis of the nerves or even of the heart. There was a lack of appetite and the tongue was coated.

Next day there was an improvement. The diphtheritic coating was still there, but it was not enlarged and did not extend to the other tonsil. The prescription was continued, *i. e.*, *Acidum nitric.* in alternation with *Belladonna*. She had a sufficient sleep. Her costiveness was treated merely dietetically (without clyster or purgative) with apple-sauce, and the stool appeared without any trouble on the third day. Her increasing cheerfulness proved local and general progress.

On Saturday her throat was quite clear and she now merely receives *Acid. nitric.* every three hours. On the seventh day she is allowed one hour out of bed and receives *China* for strengthening and increasing her appetite.

In this favorable case even the gargling with *Kali chloricum*, which is so much used, even with homœopathic treatment, was omitted. I only prescribe this where there is a fœtid smell from the mouth, and in such a case we cannot speak of any pure effect of the homœopathic remedies. Such gargling also frequently causes vomiting and actually toxic symptoms even in doses of one to one hundred, since this salt is so very poisonous.

GELSEMIUM IN INFLUENZA—NEURALGIA.

From Journal Belge d' Homœopathie.

Dr. Lambrechts in Anvers reports in the *Journal Belge d' Homœopathie* the following cases of neuralgia following on influenza, in which *Gelsemium* showed itself of use:

I. In February, 1900, a boy, twelve years of age, was seized by an illness exhibiting *all* the characteristics of influenza: fever, weariness, cough, loss of appetite, constipation and headache. After being treated allopathically for two weeks, the symptoms of bronchitis and of gastric disturbance were notably diminished, but there still remained a dull pain in the neck with some fever, appearing every morning about 9 o'clock, and disappearing in the afternoon. During such an attack the boy was very much exhausted, and incapable of applying himself to anything. The physician treating him had given him various remedies, such as *Quinine*, *Antipyrine*, *Phenacetine*, *Cocain*, etc., which always eased the pain for a few minutes, but the attack always returned next day with all the greater virulence. The parents, in consequence, turned to homœopathic treatment. Dr. Lambrechts found the boy with a temperature of $100\frac{2}{3}^{\circ}$ F.; he complained of a pain in the occiput, which grew considerably worse on lying down. The patient immediately received *Gelsemium* 3 D., three drops in a teaspoonful of water, every two hours. Next day the fever and pain were both diminished in their intensity, and the succeeding day the attack did not return. The boy was well and remained so till February, 1901, when he was again seized with influenza with exactly the same symptoms as before. Again *Gelsemium* 3 D. was prescribed. Under the influence of this remedy the neuralgic pains disappeared entirely on the third day of the disease. The cough and headache which still remained yielded to *Belladonna*, *Mercurius sol.* and *Hepar sulphuris*.

II. On the 12th of February Dr. L. was called to a lady, thirty-five years of age, of a robust constitution. After visiting a lady friend who was suffering from influenza, she had suddenly felt a severe chill in her back, as if an icy shower-bath had dashed against her spine. She went to bed and took some pills of *Aconitum* 3. The night was a bad one, and about 5 o'clock in the morning she felt a violent pain in the neck, which kept increasing till 10 o'clock and only left in the afternoon. She took, of her own accord, *Bryonia* 3 in addition to *Aconite*. Nevertheless the attack returned next day in a more violent form. Now she sent for her physician. He saw her about 10 A. M., when the attack was at its height.

The temperature in the axilla was 102° F., the pain in the occiput was unendurable; it consisted in a sensation of heaviness and a pressure as if the head would burst, and was notably

increased by lying down. The limbs at the same time were weary and weak, the tongue coated, the urine thick, the stool retarded, and a dry cough with stitches in the side molested her. *Gelsemium* 3 D. removed the neuralgia in two days. *Rumex* and *China* completed the cure.

III. A man, forty-seven years of age, decidedly nervous, had been suffering for several days from influenza. The attack had appeared as suddenly as in case 2, and with the same symptoms. The patient, having taken some diaphoretic beverages and gone to bed, had had a copious perspiration, after which his condition was so much improved that he thought he was through with the disease. But a violent neuralgia remained, which kept him back from his business. The chief point of the pain was in the occiput, from which it spread over the neck, and then it settled in the forehead and in the pupils of the eyes. The attack of the pain began at 4 A. M., reached its highest point at 10 o'clock, and gradually decreased in the afternoon. During the whole time the patient was unable to read or to do any mental work.

Gelsemium 3 D. brought the neuralgia to an end also in this case, and this, indeed, within a few hours and without a recurrence of the pains. In this case the remedy showed its curative effect in a strikingly rapid manner.

CURANTUR-CURENTUR.

In conclusion: There are physicians practicing Homœopathy to whom it is a religion and a faith; who unconsciously cling to the ancient belief in a divine infliction of disease, and the providential providing of drugs for their cure; who believe in the absolute necessity, efficiency and all-sufficiency of drugs in the cure and cure of disease; whose faith is embodied in a law of nature, a natural (homœopathic) law of cure; whose shibboleth is *similia similibus curantur*, limitless in its application, or only limited by the individual physician's knowledge of the pathogenetic effects of drugs, who fail to recognize or deny that there is anything in the pathogenetic effects of drugs not curative in disease, and that there is anything in disease not curable by drugs; and that whatever cures are wrought by drugs, and under whatever conditions they may have occurred, are to be ascribed to the conscious or unconscious action of the divine natural (homœopathic) law of cure, positive, concrete, absolute, universal.

There are other physicians practicing Homœopathy who believe that the relation of drugs to disease is fortuitous; an accidental relationship which recognizes that there are phenomena of drugs, probably not curative in disease, and phenomena of disease and diseases not curable by drugs; and that the great general fact of the similarity of the symptoms of drugs to the symptoms of disease constitutes a great working rule, whereby those drugs which act upon the same organs, regions, cells or groups of the same are made manifest, and whose curative relationship remains to be established by experience, directed to a greater or less extent by individualization, leaving the whole subject why drugs cure disease undetermined; that innumerable and inscrutable by-conditions may render futile the most careful prescription; that the idea embodied in the shibboleth *similia similibus curentur* is necessarily negative, abstract, relative (comparative); while it is a means to an end permitting the widest possible generalizations from the narrowest possible specializations, it is not the only means.—*Dr. Alfred Wanstell, in Hahn. Monthly.*

THE NEW ERA (*Just An Enquiry*).

I have heard before to-day of a hard-fisted son of Vulcan who became converted under the fiery preaching of George Whitefield. So earnest was the new disciple's zeal that he soon became recognized as the premium saint of the synagogue and was pointed out as a particularly "bright and shining light." But one day there was weeping and wailing among the children of Israel, for it was only too true that the lately regenerated brother had fallen upon an adversary and almost literally "knocked the stuffin' out of him." Alas! he must be "disciplined;" and on being brought before the elders the culprit was told that he would be heard in his own behalf. Aflame with indignation at being charged with unrighteous conduct, he said: "Brethren an' sistren, I done the fair thing. I let him pelt me on one cheek, an' then I let him plug on the other, an' then I reckoned that the ornery cuss really *meant to lick me*; so I jest pounded him like h . . . !"

Just now I am querying whether homœopathic physicians have not also "done the fair thing" about long enough to satisfy the most stringent demands of saintship. I am led to ask myself the

question from the fact an old school medical student said in my hearing: "Gee! How Prof. Bluster is 'roasting' Homœopathy in his lectures." The information brought me nothing new; that caricature of a professor has been demonstrating his "true inwardness" by padding his lectures with scullion-talk for many seasons. He is employed by the State to convey information to students; he is *not* employed to kill time by defaming anything whatever. He is, however, secure in thus dispensing his scurrility, for not one of the students whose convictions he is so bravely assailing is allowed to make reply. This cowardly conduct is a feat which partakes so largely of the low-down-bully nature that one is certain no chivalrous child of the sunny South would indulge in it. An offshoot from the degraded "white trash," which the high-born Southern thus christens, might. To a gentleman this begrimed cowardliness were simply impossible; but when even the traditions of gentlemanliness are to any one only a "dead language," what can the student do but receive the vulgar abuse as did that English nobleman who, on being remonstrated with for not 'calling out' a questionable character for 'insulting' him, said: "Insult me? I have not been insulted. No gentleman will insult me, and none other can."

One would imagine that the authorities presiding over it (it being a State institution) should not allow such an abuse of a professor's chair; but if the authorities are silent, if they are deaf, if any of them from a fellow-feeling "seconds the motion," if by the barest of possibilities they also are ignorant of the traditions of gentlemanliness—what then? A quarter of a century has not sufficed to discover a corrective that will oblige any professor to *disguise himself as a gentleman* for even the brief hour of a lecture.

From such and sundry relevant considerations I am led to ask if it is not time for homœopathic physicians to inaugurate a new era; but I am asking this the more emphatically because it would appear as if homœopathic students had no rights, which a professorial blackguard is bound to respect, in a State institution that is supported in part by the taxes levied indiscriminately upon the non-medical laity. Moreover, I am led to ask, if a professor is hired to furnish the instruction pertaining to his chair and affords instead any coarse and ignorant defamation of that which is entirely foreign to his chair, how long must the homœopathic taxpayer endure this before he turns and "pounds" that

professor out of a chair which he can only debase and defile? It would appear as if the taxpayers must clean this Augean stable, for the authorities are not "in it" when it comes to *disciplining a majority!*

Has not Homœopathy enacted the rôle of Cinderella long enough?

The gaudy garments of Science, falsely so-called, are flaunted by the favorites of the "authorities." It was only yesterday that

"Green spirits, and purple, red spirits, and gray"

were to be seen "monkeying" at the pompose laying of a certain corner-stone; yet not one of all the masquerading *dramatis personæ* can fit the glass slipper of Therapeutic art to the hoof that is theirs: *that* accomplishment is for the despised one who has sat so long by the cinders, biding the hour!

For Homœopathy, the past century was fitly the era of progression; and in the *fact* of the licensed insolence of brazen pretences is there not now the demand for Homœopathy the new century shall be one of aggression? If there be any truth in the boastful formula—"the survival of the *fittest*"—there can be but one reply.

The arrogance and the insolence of boards medical in the Navy and in the Army are, indeed, familiar as household words; and the homœopathic laity are of their blood who erstwhile said: "No taxation without representation." That doctrine is as sound in the Twentieth century as *George IV* found it in the Seventeenth. And as Plato wisely remarked: "Sauce for the goose is sauce for the gander"—especially the political anserine! Let the era of aggression be ushered in if only for the benefit of professors and "authorities" who vainly imagine that Might makes Right.

Whomsoever can read the signs of the times will clearly discern that the era of the Politician is to be supplanted by that of the People. There is no longer room for expediency; the era of aggression against every Wrong is "up to us" as a nation; there is no choice, *there is only Necessity.*

The inevitable cataclysm will take care of foul-mouthed professors and spineless "authorities." The storm signal plainly reads: "STAND FROM UNDER!" *

PAREIRA BRAVA.

By Dr. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*, May, 1902.

There is no remedy having such a wonderful action in renal colic as *Pareira brava*. I can myself bear honest testimony to this, as I have for several years been subject to this ailment and in every attack take my refuge in *Pareira*. I shall therefore give a full description of the remedy, as well as of my own case.

The plant out of which the remedy is prepared belongs to the *Menispermaceæ* and comes from Brazil, where it is used empirically as a diuretic, for regulating the menses and as a febrifuge. It is also used in dropsy and externally in solution in inflammation of the testes. In preparing the tincture, the dried root is used.

In allopathy, *Pareira brava* is simply known as a diuretic. Dr. C. Hering, in his Abridged Materia Medica, gives a pretty full proving image of the remedy from which we excerpt the following :

Urinary organs.—Induration of the mucous membrane of the bladder, so that it becomes almost cartilaginous. Constant urging to urinate with pain in the glans ; urging, causing the patient to scream. The patient has to crouch down on all fours in order to discharge the urine. The urine contains much tough, thick, white mucus or leaves a deposit of red sand. During the strain, while urinating, there are pains along the thigh. The urine has a strong animoniacal smell. *Pareira brava* in many respects is like *Berberis*. But in *Berberis* the urine is even more mucous than with *Pareira brava*, and gives a copious clayey deposit of yellowish turbid appearance. Then again in *Pareira brava* the drawing pains extend down the thigh, while in *Berberis* they rarely extend further than into the hips."

As is manifest from this image, the sphere of action of this remedy is limited to the urinary organs and passages, and in general presents exactly the image of the colic attending renal calculi. With me the attack usually begins with a continuous convulsive sensation in the glans. Simultaneously there appears tenesmus of the bladder and the rectum, the only result being a discharge of urine drop by drop. In about two hours this is followed with drawing pains along the thighs, and all the rest of the attendant

symptoms, but I always receive relief from *Pareira*. At first I used the remedy in the manner prescribed by Dr. I. Jousset :

“During the attack give a tablespoonful of the following dilution :

Pareira brava 12 6 drops

Aqua destillata 200 grammes

“In the interval between attacks *Pareira brava* 6 or 12, twice a day, for a week, then an interval of four days, and continue the treatment for two months.”

But later on, this dose did not prove sufficient, and from my own experience I have adopted the following mode: As soon as I notice the convulsive twitching of the penis, the tenesmus and the dripping of the urine, I take, without waiting for further developments, four drops of the mother-tincture, and after that two drops every quarter of an hour of *Pareira* 6. At the same time copious draughts of milk are recommended; *i. e.*, if it can be borne without causing vomiting, as is sometimes the case. Thereby I avoid the drawing pains, and after a few minutes there is a copious discharge of urine with a restful sleep. On awakening, all the symptoms are gone.

This procedure has also proved successful with several of my patients. The remedy also acts well in catarrh of the bladder combined with tenesmus of the bladder and ureters. Richey Horner also recommends *Pareira* in inflammation of the nerve of the thigh (*nervus cruralis anterior*).

DIFFERENTIAL DIAGNOSIS OF REMEDIES INDICATED IN SUPPURATION.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, April 24, 1902.

In homœopathic practice there are chiefly four remedies to be differentiated in the treatment of suppuration: *Belladonna*, *Hepar sulph.*, *Mercurius* and *Silicea*.

If a part of the body is inflamed and the redness seems to proceed in rays, with pulsation and general chilliness (pointing to the commencement of suppuration), *Belladonna* should be given to prevent the formation of pus, or to limit its formation. A *Belladonna* tumor has a pointed head and matures fully, and is thereby distinguished from a *Silicea* tumor, which penetrates downward instead of forming a head.

When the focus of suppuration is larger or goes in deeper, the chills being more severe and the general disturbance more considerable, while the patient is sensitive to drafts, and there is a strong tendency to perspire, *Hepar sulphur* is indicated.

Hepar naturally follows on *Belladonna*. As in *Silicea*, the part affected is very sensitive. While in *Hepar* and *Silicea* cases hot fomentations are agreeable, these cause aggravation in *Belladonna* and *Mercurius* cases. In *Hepar* the skin in general is unhealthy, every little lesion suppurates; the physiological power of resistance in the body is depressed.

In low potencies *HEPAR* hastens the formation of pus; in higher potencies it prevents its formation. *Mercurius* is suitable in more advanced cases, where pus has already formed. It favors its formation. It does not follow well after *Hepar*, nor should it be given immediately after *Silicea*; and if it is prescribed in the commencement of a case it may spoil it.

The *Mercury* patient is debilitated, has a dingy skin, secreting a copious, fatty perspiration with a sour odor, coloring the linen yellow. Heat produces aggravation, though the patient will cover up warm from fear of taking cold. In a warm room he will feel too hot and in a cool room too cold. Perspiration aggravates the case. The gums are painful; he is salivated and his breath is foetid. Evacuations are thin, malignant and acrid. There is a pronounced aggravation at night.

In chronic cases a *Mercurius* tumor may occupy a large space, but it will be flat with irregular borders and copper-colored, while the bottom of the ulcer is covered with a grayish crust. The *Hepar* ulcer, on the other hand, looks clean, as if bored with an auger; it may be quite free from induration or inflammation. The secretion also will be thicker, of a greenish color, streaked with blood, and the part affected is very painful, especially when squeezed or pressed upon. *Hepar* is suitable in infectious wounds.

The deep-seated *Silicea* abscess opens by fistular passages extending to the surface, and its openings are hard, raised, bluish and covered with granulation (proud flesh).

If *Silicea* does not produce a full cure one or two intervening doses of *Sulphur* may be given. If the matter becomes malignant, dark, thin and foetid, *Lachesis* may prove very useful. In threatening gangrene, especially where the pains are burning and warmth alleviates, *Arsenicum* should be considered.

FERRUM PICRICUM IN ANÆMIA INFANTUM PSEUDOLEUKÆMIA.

By Dr. E. R. Johnson.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, Feb. 27, 1902.

Anæmia infantum pseudoleukæmia was first described in 1889 by v. Jaksch. This children's disease is characterized by a decided deficiency, not only of the red corpuscles of the blood, but also of the hæmoglobes, considerable leucocythosis, a noticeable enlargement of the spleen, occasionally an increase in the size of the lymphatic glands and some enlargement of the liver. There is a strikingly large number of red corpuscles containing a nucleus. According to statistics, of fifteen hundred cases only one case was found below the line of the second year. The prognosis is considered as unfavorable.

On the 18th of October the author was called to visit an only child, four months old, brought up on the bottle. There was nothing to be gathered from the family history. The patient is thick, but anæmic; the lips and gums are colorless; he cries much; suffers from indigestion and constipation; during the stool he cries, and strains. During the examination I noticed a large swelling of firm consistence through the walls of the abdomen. This extends below the line of the ribs on the left side, a finger's breadth to the crest of the ilium and to the median line, two finger's breadth from the umbilicus. The liver is somewhat enlarged. An examination of the blood shows the proportion of white to red blood-corpuscles as one to thirty. Normal red blood-corpuscles seventy per cent., microcyten 20 per cent., poikilocysten 8 per cent., megaloblasten 1.5 per cent. The diagnose was: Anæmia infantum pseudoleukæmia.

November 15th. *Ferrum picricum* 2 D., five grains a day till January. The diet consisted of cow's milk to which one teaspoonful of Carnogen was added. Carnogen is made of red marrow, pure ox-blood and glycerine.

The analysis made on February 1st showed the red blood-corpuscles to be in a normal state, excepting some microcytes and normalblasten, a moderate leucocythosis. The blood seemed almost normal. The spleen had decreased about one-third since November 15. The complexion was not yet quite normal, but

the anæmic appearance had considerably diminished. The child made the impression of being healthy.

April 1st. The analysis of the blood showed the red corpuscles to be almost normal the proportion of the white blood-cells to the red was 1 to 150. Later on this proportion became 1 to 200. As stated above, the original proportion had been one to thirty. Only in one other case had the author seen a higher proportion, *i. e.*, that of one to twelve; usually it is one to sixty-five or seventy-five. The change from 1:30 to 150 and later on to 200 is quite noteworthy, and the author ascribes it to the homœopathic remedy.

Dr. Holt describes twenty cases, of which four had a fatal issue; sixteen of these cases came in consequence of rhachitis and one as a sequel to syphilis. Taylor has established a mortality of twenty per cent.

With reference to the remedy selected, there is not as yet much to be found in our literature. Dr. S. A. Jones (in Hempel and Arndt) says that "*Picric acid* checks oxidation. The red corpuscles are destroyed by the pernicious action of the acid and their constituents undergo fatty degeneration. Their coloring matter is set free and can no more convey the oxygen to the tissues." Dr. Erb some time ago declared that the blood of animals treated with *picric acid* is of a dirty brown color, and plainly shows nuclei in the red blood-cells. At the same time a considerable increase in the number of leucocytes takes place.

Now, if to this action we add the action of iron on blood, the homœopathic nature of *Ferrum picricum* with respect to the symptomatology of the case in question appears plainly by the following synopsis:

<i>Anæmia infantum pseudoleukæmia.</i>	<i>Ferrum picricum.</i>
Oligocythæmia.	Deficiency in red blood-corpuscles.
Oligochromenia.	Deficiency in hæmoglobin.
Red blood-corpuscles with nuclei	Plainly manifest nuclei in the red corpuscles of the blood.
Disintegration.	Degeneration of the nuclei.

The author allows to Carnogen an action in the general nutrition of the blood-corpuscles which deserves consideration, but we cannot consider it as an actually curative remedy. This action was due to *Ferrum picricum*.

MOSSA.

STERILIZED GRAPE JUICE AS MEDICINE.

The grape cure and the cost which it necessitates place it ordinarily beyond the means of most patients. E. Ivanov (*La Sem. Méd.*) replaces it with expressed grape juice, which can be taken about half an hour or an hour before breakfast in doses of from four to eight ounces, and which corresponds ordinarily to two hundred or four hundred grams of grapes. The liquid must be preserved in bottles, carefully corked and kept in a cool place. It must be warmed slightly before being taken in order to make its effects more active. As soon as the dose has been absorbed the patient should take a little walk or other exercise. The author has successfully treated in this manner a number of cases of chronic bronchitis, nephritis and intestinal atony. He also employs it with equal success as a general tonic for convalescents from typhoid fever and severe forms of grippe. In two cases of organic heart disease, in one of aneurism accompanied with renal congestion and œdema of the lower extremities and abdomen, this grape juice proved to be especially useful by reason of its diuretic action. The author thinks that this juice can be advantageously substituted for the grape cure, not only because it is more convenient, but also because it is exempt from the ordinary objections to grapes, namely, irritation of the teeth, of the mucous membrane of the mouth and occasionally of indigestion from fermentation after eating the fruit.—*Med. News.*

TAPE WORMS.

Life is too short for any sensible physician to write or talk upon a subject of which he has no knowledge. I take up the tape worm subject for the reason that I have spent twenty-five years of my life in attempting to analyze the cause and the permanent cure of this parasite.

To be brief, I do not know from what source they originate, or have their antecedent life, but I believe they exist only when the human system is in a ripe condition to germinate them with life, as the egg of a fly on meat only develops into life when the meat is decomposing, and as soon as the decomposition stops the maggot dies—its usefulness has ceased.

The tape worm will only develop or germinate into life when the stomach and bowels are fired with a diseased condition. No one ever has a tape worm with a perfect, healthy condition of the alimentary tract. Thus the tape worm is the result of a diseased condition of the mucous surfaces, and in removing the tape worm you must cure these conditions or your patient will suffer untold misery. I knew a man who died within a year after having a tape worm removed from him without proper treatment following the expulsion of the worm.—*Dr. W. H. Gray in Wisconsin Medical Recorder.*

THE LOCAL USE OF ARNICA.

Although the use of arnica as a "vulnerary" antedated the time of Hahnemann, and although its provings and clinical application have been abundantly confirmed, this remedy is not used to the extent that it deserves. The reason for this lessened local use of *Arnica* is due, no doubt, to the inefficiency of the tinctures sold in the corner drug stores, which are made from the dried flowers, often rendered still more worthless by a parasite known as the arnica fly. Another reason is that the widely advertised and over praised watery extract of *Hamamelis* has become so popularized that it has usurped the place of *Arnica* in professional as well as in common usage.

Mention has just been made of the tincture prepared from the flowers; that obtained from the root is far superior and can only be procured at our own pharmacies. The virtues of this plant are contained in its root either in greater degree or in consequence of certain elements not present in other parts of the plant.

Case.—R. B., æt. forty two, machinist, had his foot caught and severely wrenched at the ankle joint. The skin of the entire foot, ankle and lower part of the leg, with the exception of a few patches of white skin, was blue and purple with ecchymosed blood; pain was intense and the foot was swollen out of all resemblance to that member. Neither fracture nor dislocation of any of the bones had occurred. I directed a lotion to be prepared by mixing a teaspoonful of the tincture of the root in a pint of moderately hot water. Compresses dipped in this solution were then applied so as to cover all the injured region and the whole surrounded with a doubled piece of blanket. Absolute rest of the parts was main-

tained by pillows placed along the leg and under the calf so as to retain the extremity in the position secured by the application of a long splint.

Under this treatment the excessive pain soon became bearable and by the next day the patient enjoyed reasonable comfort. It is impossible to convey by mere words the rapid improvement that took place in every particular, each day showing marked changes over the previous one until complete recovery took place.

Up to a year ago, when I lost sight of him, six years had elapsed since the accident without any inconvenience resulting from it.

I have selected this case for illustration from dozens of other instances for the reason that two capable physicians of the dominant school, who saw him at the time of the accident, expressed the opinion that abscess would surely follow, with a possibility of amputation.—*Prof. Chas. H. Evans in The Clinique.*

IN my clinical experience *Phytolacca* has repeatedly cured both syphilitic and scrofulous ulcers and their accompanying conditions.

Before the Iodide of potash came into such general use in secondary syphilis it has served me many a good turn, not only in clearing up the constitutional and local effects of syphilis, but the effects of the mercurial disease often left in its place. Indeed I am quite convinced that the judicious use of *Phytolacca* in secondary syphilis is quite as homœopathic and much to be preferred to the general abuse of the Iodide of potash so much in vogue at the present time.—*Dr. R. P. Mercer.*

BOOK NOTICES.

The Neuroses of the Genito-Urinary System in the Male, with Sterility and Impotence. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Second edition. Revised, with notes and a supplementary article on Nervous Impotence, by the translator, Gardner W. Allen, M. D., Surgeon in the Genito-Urinary Department of the Boston Dispensary; Instructor in Genito-Urinary Surgery

in Tuft's Medical College. Illustrated. Pages 198. 12mo. Price, extra cloth, \$1.00, *net*, delivered. Philadelphia: F. A. Davis Company, Publishers.

The Preface to the second edition reads: "Although it is now several years since Ultzmann wrote these monographs, and we must greatly regret that he did not live to revise his own work, yet his knowledge of the subject was so profound that comparatively little has been added to it during the interval, except in points relating to sexual disorders. In the present edition a supplementary article treats somewhat more at length the nervous forms of impotence. A few notes have been added to the book. It is believed that the new matter brings the subject down to the present day."

Diseases and Therapeutics of the Skin. By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago.

"Coming from this hot-bed of Pure Homœopathy with another Allen in the first place, it seems needless to say that this is a homœopathic treatise in the best sense of the word. The author repeatedly states that he uses no local measures beyond heat and water, and this is something to think about by our profession with its ichthyols and mercurial ointments and acids and dopes and truck. If Dr. Allen is able to control the itching of various skin diseases with the internal remedy, and to heal others absolutely, then this his book ought to be bound in gold leaf and the author immortalized. We note that he has dedicated it in most loving phrase to that master homœopath J. R. Haynes, who was recently, since the publication of the book, motored to death in front of his residence in Indianapolis. As for the make-up of the book, we see nothing so very different from other books on this specialty in the division devoted to the classification of the various diseases, except that we miss the usual addition in most of the skin-disease books of paragraphs on local washes, ointments, and the like. In the therapeutic part we find the usual homœopathic remedies in alphabetical order, with the indications given in practical excellent way, and ready for quick assimilation. We commend this book as well for its homœopathicity as for its noble attempt to rescue the art of healing from the mere routine swabbing and slopping and washing, whenever skin diseases are treated

or treatment recommended. It is a decided novelty and one which quickens the blood of the old-style homœopath, and makes him wish that there were a half hundred more courageous homœopathic book-writers like Dr. J. H. Allen."—*American Physician*.

"The former 'Therapeutics of Intermittent Fever,' by Dr. H. C. Allen, appears on our table under the title of 'Therapeutics of Fever.' The book is larger than formerly, but is cast in the same form of Homœopathy and excellence as the former volumes. It is most refreshing to receive a book for the homœopathic review table which is honestly homœopathic, which deals with nothing but Homœopathy, and which, on every page, and in every line on every page, has the courage of its convictions. The prefatory pages of this, as of the older volumes, are worth many re-readings, as they clearly and confidently outline a homœopath's duty and faith. We prophesy for this book as great a demand as for the other books of this famous homœopath, author, teacher and practitioner, and hope that its perusal and study will tend in some degree to stem the tide of skepticism in the school of to-day. It is a book, which, with Dewey's, Boericke's and Clarke's latest books, should be in the hands of every homœopathic student and practitioner. If the principles of Homœopathy, so succinctly and convincingly taught in its pages, could be made an obligatory part of the commercially-conducted college curriculum, in place of the large pretense of surgery in its allied departments, there would not soon be a repetition of the pitiful and insulting spectacle of two young homœopathic graduates asking the State Medical Examination Board of Ohio to change their registration from 'homœopathic' to 'regular!'"—*American Physician*.

A NEW BOOK.

Nearly twenty years have passed since Dr. Clarence Bartlett gave to the profession a classic work by publishing his stenographic notes on Farrington's lectures under the title of "Farrington's Clinical Materia Medica." Ten years later Dr. Bartlett collaborated with Dr. W. C. Goodno, writing the neurological sections of the latter's work on practice, the standard authority of our school. In the meantime Dr. Bartlett had gained distinction as the editor of the *Hahnemannian Monthly*, and had served

a long apprenticeship in clinical work in hospital and private work, and had become one of the best known neurologists in our school. Latterly, however, he has chosen to branch out into the wider field of internal medicine, and for a number of years has delivered to the students of Hahnemann Medical College in Philadelphia a course of lectures on medical diagnosis. Later, having in the meantime been appointed professor of clinical medicine, Dr. Bartlett further elaborated his teaching in his weekly clinics in the Hahnemann Hospital. These lectures were bristling with facts and dealt with the subject of diagnosis from a standpoint that must appear to every homœopathist—that of symptoms. Instead of starting, for instance, with the name of a certain disease, and listing under that heading all the symptoms and signs which may serve to distinguish it, Dr. Bartlett's method has been that which is in everyday work that of every practical physician—he starts with the symptoms or other evidences of disease for which the patient consults a physician, and traces them back to the underlying disease.

This is the only true clinical diagnosis. To the members of the homœopathic school in particular who have always made the investigation of symptoms the basis of their therapeutic as well as their diagnostic decisions this method commends itself above all others. It is therefore a cause for congratulation that Messrs. Boericke and Tafel have persuaded Dr. Bartlett to elaborate his material for publication in book form. It will, when published, constitute one of the largest and most complete works on diagnosis ever issued from the press; it will include every important modern diagnostic fact, and it will once and for all place the members of our school beyond the need of referring to old school text books on the subject. If followed by a work of corresponding scope dealing with the treatment of disease—and this we understand Dr. Bartlett contemplates—the two volumes will constitute the most complete, most practical work on clinical medicine ever offered to the profession.

This work, now in press, will be issued by Boericke & Tafel on the first of next October. It will be a handsome volume of about 1,000 pages, completely illustrated with original photographs, charts and diagrams. If the advance orders sent in upon the first rumor that such a work was forthcoming may be taken as a criterion, Bartlett's "Diagnosis" will have a sale which has rarely been equalled.

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EDITORIAL BREVITIES.

MEDICAL STOCK COMPANIES.—*American Medicine* for April 26 has some rather sharp, but true comments on the tempting bait thrown out to doctors to “take stock.” It argues that “the physician is invited to become a partner in both the wholesale and retail drug business, and is assured that enormous profits will accrue to him if he will take stock in the company which furnishes him with his medicines. His stock may be in part or entirely paid for out of the future profits of the business. He thus becomes the manufacturer of certain medicines and the prescriber of them; the profits under such conditions must, of course, be enormous, and the trustful doctor supposes he will get them. But, first, how about the patient?” In the minds of the promoters and the shareholding prescriber that appears to be “another matter.” The profits will, of course, induce the shareholding doctor to prescribe only those drugs upon which these profits are made. If the patient can not get well upon these products of the doctor’s manufactory then, alas! so much the worse for him. But the doctor who enters upon this oversharpe game should remember one old rule, already proved a thousand times in a thousand years of history: The biter will be bitten! The duping doctor is sure to become the dupe. His profits are based on promises. What guarantee has he that they will be made good?”

NEW MINNEAPOLIS HOMŒOPATHIC MEDICAL SOCIETY.—The Minneapolis Homœopathic Medical Society has just been successfully reorganized with a membership of fifty, which includes practically all of the homœopathic practitioners of the city. Its purpose is to secure united action in all matters affecting its members and to strengthen Homœopathy in the community. One of the specific pieces of work likely to be undertaken by the

society is a renewal of efforts to secure a separate medical college at the State University. The meetings of the society are to be held the second Wednesday of each month at the homes of the members. The officers of the society are: President, Dr. H. C. Aldrich; vice-president, Dr. Adele S. Hutchinson; secretary, Dr. O. K. Richardson.

"VESICARIA COMMUNIS."—Judging from our esteemed contemporaries, the *American Physician* (nee *Homœopathist*) and the *Homœopathic World*, they are still a little confused on the preparation advertised as "vesicaria communis." We have no interest in the matter save to present the truth to the profession. The preparation is advertised as a "mother tincture imported from Germany." Not a German pharmacist knows anything about it, and it is not to be found in any botanical work. The *fact* is that the preparation is a mixture and its place is among the "medicines" of the Lydia Pinkham breed. Yes reputable pharmacists have sold it because some customer demanded it; but in such cases it was "imported" from St. Louis.

JAPAN OUT OF STEP.—Dr. N. S. Stevens, a graduate of the Cleveland Homœopathic Medical College, applied to the medical authorities for permission to practice, but was told that "the practice of Homœopathy is not permitted in Japan." Evidently the dark ages still haunt the medical department of Japan even as they do similar departments in other nations. It is their last stronghold.

IN HONOR OF DR. TALCOTT.—On Wednesday, May 14, a banquet was given at the Waldorf—Astoria, New York City, by the homœopathic medical profession to Dr. Selden H. Talcott, in honor of his twenty-five years' service as chief of the Middletown State Asylum for the Insane. A large number of prominent men in the profession were present, and also well-known men in other professions. A book of letters from men congratulating Dr. Talcott was presented and also an elegant loving-cup. With the latter were some verses from Dr. Helmuth, who was too ill to attend, an illness, alas! from which he never recovered.

PASSIFLORA.—Lucius E. Sayre, pharmacist, has a paper on *Passiflora incarnata* in the *Western Druggist* for May, from which we clip the following: "In one case coming under our personal observation the virtues of the remedy were so very marked that

we were quite won over to its favor. The patient was a gentleman of about sixty years, who had been overworked nervously, and as a consequence there resulted a pronounced case of insomnia. Many of the prominent hypnotics were employed, such as the bromids, chloral hydrate, trional, sulfonal, etc. It was stated by the patient himself that he obtained the greatest relief and the most restful sleep under the influence of *passiflora*."

WHAT WILL THEY DO ABOUT IT.—Dewey's *Medical Century* for May has the following poser: "Bœricke & Tafel have issued a new price current of their medicines and publications. A new feature of the work is a comparison of the strength of tinctures made according to Hahnemannian directions, with those of the Pharmacopœia of the American Institute of Homœopathy. We find, for instance, that such tinctures as *Nux vomica*, *Spigelia*, *Sepia*, *Veratrum*, *Sticta*, *Staphisagria* are twice as strong made according to Hahnemannian directions, thus one ounce would equal two of those made by the new process. Such a remedy as *Berberis* is $2\frac{1}{2}$ times stronger, and *Carduus* is 5 times stronger. Such remedies as *Pulsatilla* and *Chamomilla* are $1\frac{3}{4}$ times stronger. *Thuja* is $3\frac{1}{3}$ times stronger made by the Hahnemannian method; therefore, it would seem as if we ought to get three and three-fourths ounces of the new for the same price that one ounce of the Hahnemannian would cost. How is this, Messieurs les Pharmaciens?"

A NEW EXCHANGE.—We welcome a new exchange to our list, though not a new journal, being now in its fourth volume, namely, *Annaes Medicina Homœopathica*, published at Rio de Janeiro.

NEXT INSTITUTE MEETING.—The next meeting of the American Institute of Homœopathy will be held at Cleveland, O., on June 17th to 21st. The sessions will be held in the Chamber of Commerce Building. The Hollenden Hotel will be Institute headquarters, and also of the College Alumni. It is planned to give 7 hours to business and $6\frac{1}{2}$ hours to *Materia Medica*, "the keystone of our faith." Every one who can do so should attend this meeting in the beautiful city of the lakes.

PUT TO THE TEST.—The other day a physician asked at one of the B. & T. pharmacies for the 1x trituration of *Natrum iodide*. The manager told him that the 1x of that remedy could not be made to keep, it being so deliquescent that even the 2x becomes lumpy in a short time. "But," replied the doctor, "I can get

the 1x from —." The manager asked to see that 1x. The doctor gave him what was left in a 2-ounce bottle. This was submitted to the usual test and it failed to show the faintest trace of *iodine*. The B. & T. 2x was submitted to the same test and turned at once to a dark indigo blue; the 3x also showed a decided blue. What Messrs. — sold for *Natrum iod.* no man knows—probably powdered milk sugar.

A NEW FOOD.—Dr. F. A. Porter, of Pittsburgh, Kansas, under date of May 19th, writes concerning one of his patients as follows: "The lady in question has a tuberculous trouble affecting the stomach and bowels, and for eight years has taken no solid food whatever. All this time she has lived on liquid foods, and even these often distressed her. Rectal alimentation was no better borne than stomach feeding. During the past winter she became greatly weakened because of inability to take even the customary amount of milk, and it looked as though she would starve to death. As an experiment I ordered a few of B. & T.'s malt extract bonbons and olive oil. To the delight of herself and friends she was not only able to take the bonbons, but she liked them and finds they do not pall upon her taste by steady eating. The oil is used by inunction. She has gained in flesh and strength, and the stomach is now able to bear milk better. She says herself that the bonbons and oil gave her more strength than anything she has had of late." Sugar and malt combined contain plenty of nutrition.

THE CAUSE OF THEIR SUCCESS.—The *Medical and Surgical Reporter* for May contains a number of reminiscences from the early presidents of the American Institute of Homœopathy. Dr. Hiram L. Chase, of Cambridge, Mass., whose membership dates from 1847, says the success of the pioneer homœopaths was due to the fact that they believed in the truth of the law, studied their cases and prescribed for them "in accordance with that law."

BE ON YOUR GUARD.—A prominent New York physician writes us to warn the profession against "a man purporting to be a Dr. Perry, of New York, who travelled through Europe last summer, obtaining money under false pretences from homœopathic physicians. He is advertised in the April number of the *Homœopathic World*." If a stranger wants to borrow money it is a pretty safe proposition to refuse, whether he be "Dr. Perry" or any other person.

PERSONAL MENTION.

Dr. Anson H. Bingham, 113 West 87th street, New York City, took a short vacation at Warwick, N. Y. The doctor had a very busy and prosperous winter and spring. He is making a specialty of anæsthetics.

Dr. W. O. McDonald has changed his quarters from 117 West 44th street to 9 West 68th street.

Dr. Charles M. Gennerich and wife recently spent a week at the capital of the nation, enjoying a well-earned outing, as the doctor attends to a large clientele.

In "Personal Mention" for May the RECORDER got the rather belated item that Dr. Perry Dickie had removed to No. 17 Schermerhorn street, Brooklyn. Dr. Dickie has been there for two years, making a specialty of ear work with such success that he expects in the near future to devote his entire time to it.

Dr. W. B. Clarke has been holding debates in Minneapolis on the vaccination question with the Board of Health men. So great was the public interest that over 500 were turned away from the Opera House holding 2,500 persons. What added to the interest of the occasion was the recent publication in *The Globe*, "by the editor of a local medical journal," of an article in which it was urged that "antivaccinationists should not be allowed free speech."

Dr. J. W. Thompson has removed from Sherman Square Hotel to 205 West 56th street, New York.

Drs. J. E. Gilman and S. E. Horton have opened offices in New York for X-ray treatment.

Drs. W. H. King and W. H. Dieffenbach, of New York City, are investigating the violet ray.

Dr. E. B. Nash, Cortland, N. Y., author of *Leaders in Homœopathic Therapeutics*, *Leaders in Typhoid*, and *Regional Leaders*, three genuinely homœopathic books, has been appointed Professor of Materia Medica in the New York Homœopathic Medical College. A good appointment.

Dr. G. H. Wright, of Forrest Glen, was elected President of the Maryland State Homœopathic Medical Society, at meeting held May 20th.

Dr. E. G. Bodenbender has been appointed homœopathic physician on the East Side, Buffalo, N. Y. The appointment of

Dr. Edward G. Bodenbender, of 660 Walden avenue, to be district physician (homœopathic) on the east side, to succeed the late Dr. E. A. Fisher, was announced by Health Commissioner Walter D. Greene. The appointment was made from the civil service eligible list. Dr. Bodenbender passed the examination for the position, and attained a percentage of 100.

Dr. E. G. Bodenbender has also been reappointed for a third term health officer of Sloan, N. Y., a thriving suburb of Buffalo.

Dr. J. E. Gaston sends us the following interesting personal notes:

"This is my initial trip to Buffalo to 'mix' with the members of the homœopathic profession. Unless actions are deceiving I have been received most kindly and shown every courtesy. I find the Buffalo Homœopathic Hospital a well-known institution, and firmly believe it is one of the best conducted hospitals in the country. Certainly the corps of staff officers are all competent men. It was with great pleasure and satisfaction that I was able to attend, on Friday last, a major operation performed at the Institution by Dr. Geo. T. Moseley, 202 Delaware avenue, who is a member of the hospital staff. I have a high opinion regarding his ability as a surgeon.

"On Sunday afternoon I was present at an autopsy conducted by Dr. G. R. Critchlow, 505 Norwood avenue.

"Dr. A. D. Carpenter, the present resident physician and surgeon, expects to take up private practice during May, and if he decides on Buffalo the entire homœopathic profession of the city will receive him with open arms as a fellow practitioner. He has an enviable reputation in his hospital work and has shown himself worthy in every way of the support of the profession.

"Dr. Critchlow is visiting physician to the hospital during the present month, and in no way slights the extra work necessary to fully carry out the requirements of his position. He is a busy man in his private practice alone.

Dr. H. C. Frost, 212 Delaware avenue, is devoting most of his time to surgery. He has a splendid reputation as a surgeon.

Dr. C. W. Leaman, 232 Hoyt, is secretary of "The Clinical Club," the local homœopathic society. When the doctor first located on "Hoyt" the vicinity did not have much of a homœopathic following. But the doctor has demonstrated his ability as a follower of Hahnemann, and has a very good general practice.

Dr. D. B. Stumpf, 693 Elicott, has his office at his residence and has an extensive outside as well as a large office practice.

Dr. F. Park Lewis, 454 Franklin avenue, is doing a large part of the eye and ear work, which is his specialty.

Every person knows Drs. J. T. Cook, 636 Delaware, and E. P. Hussey, 493 Porter. Their reputations are far from being local. They are both staunch supporters of the homœopathic work.

Dr. W. H. Marcy, 1148 Main, is the only active practitioner; a resident on Main street. He is a busy man in general practice, besides being surgeon to several industrial concerns and consulting surgeon to the New York Central R. R.

Dr. H. A. Foster, 3rd street, John's Place, owing to paralysis, has not been able to attend to professional work for a long time.

Dr. Henry Baethig, 350 Penna., is one of the busiest men in the profession. You have to "catch him when you can."

Dr. N. W. Bodenbener has an extensive practice, having his office and residence at 804 Jefferson street.

Dr. A. T. Bull, 184 Franklin, is one of the "Pioneers." A credit to the profession in every way. He has been through the tough times of Homœopathy. When in Canada years ago a physician would be arrested when a patient died under homœopathic treatment, he was there.

Drs. F. D. Lewis and Herbert Beals occupy offices together at 188 Franklin. Dr. Lewis is at present taking a vacation in the south. Dr. Beals is attending to the professional work single handed.

Drs. John Miller, 48 St. John's Place, and J. F. Wage, 414 Seneca, are among the practitioners who have passed the four score post in life. Yet both are active practitioners and stauncher homœopaths than ever.

Dr. A. E. Satler, 20 Edna Place, is another of the old class yet exceptionally active in the profession.

Dr. Halbert, 495 Franklin, almost directly opposite from F. Park Lewis on the avenue, is doing his share of work in the city.

Dr. Peter Erb, who has his office at 32 Palace Arcade, makes little noise but has a large practice.

Dr. B. J. Maycock, 33 Allen street, has an extensive practice and is a member of "The Clinical Club" and Hospital Staff. Is a prominent man of the profession.

Dr. C. W. Babcock, 151 Allen street, although a graduate of the Eclectic School, is "A Homœopath," and gives due credit to Homœopathy for his successful business.

PERSONALS.

"Tenosyvititis," otherwise ping-pong ankle, according to the veracious daily press.

The Chicago *Tribune* thinks that "talking through your hat" no worse than "laughing in your sleeve," though one is slang and the other idiom.

The immediate application of common washing soda to a burn, especially of steam or hot water, is the best therapeutic measure.

Send your bills out the first of every month is the best financial policy.

The average human has a vague sense of injury at a month's old doctor-bill.

Good olive oil beats fishy cod liver oil as a system builder.

Yes, Mary, roast the beef-trust and we'll all stand by you.

It is said that *Thallium* will relieve the pain of locomotor ataxia.

Well, Mary, it might pass to call a bacteriological laboratory a "cultured home," but it's risky.

They say it's rather commonplace even at the top.

"Relieved by expectoration" is a verified symptom of *Hypericum*, according to Dr. H. C. Allen.

Who said the earth is "cooling off?"

What do you mean, Mary, by a "royal straight" being the best prescription against "cold feet?" What are you talking about, child?

Go to the American Institute meeting at Cleveland.

They say the child swallowed a silver half dollar; the doctor prescribed a little mint and child soon passed several dimes. (Not vouched for.)

The "politician" is the man who tells the "good citizen" when it is time to hold an election and what offices are to be filled.

Tom Corwin used to advise men of no great moment to "look as solemn as an ass and say nothing."

We cannot supply back numbers of the HOMEOPATHIC RECORDER for 1902. New subscriptions must begin with next month after receipt of order.

After going through a hundred exchanges chock full of good advice one feels like violating all the laws of health for a change.

There is a new novel, "On Satan's Mount." Didn't know he owned one. Or is it a fiery steed!

If you want to start things up just introduce the "serum question." "It isn't a question!" Etc., etc.

THE HOMŒOPATHIC RECORDER.

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LANCASTER, PA., JULY, 1902.

No. 7

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Twenty-third Annual Session.

(Year 1870—Continued.)

R. Ludham, M. D., of the Bureau of Obstetrics, reported the following papers:

“Polypus of the Uterus,” by J. H. Woodbury, M. D.; “Tumor of the Uterus, disappearing under the use of *Ustilago Maidis*,” by E. M. Hale, M. D.; “A Case of Ovaristomy,” by Wm. E. Saunders, M. D.

“Cholera Infantum,” by A. E. Small, M. D.; “Uterine Hæmorrhage, Treated by Internal Remedies,” by H. N. Guernsey, M. D., and a “Case in Practice,” by E. A. Ballard, M. D. J. C. Sanders, M. D., presented three papers: “Spontaneous Separation of the Ossa Pubis in Labor,” “Atiophy of the Mammary Glands” and “Soreness of the Nipples.” All of these papers called forth more or less discussion, particularly that by Dr. Guernsey, which, indeed, provoked considerable sarcasm, but Dr. Guernsey, with his earnest calmness, merely suggested that time would verify his advanced theory of the treatment with medicine instead of other more forceful means.

G. W. Bowen, M. D., exhibited an improved vectis.

A brief communication, with accompanying photograph, was received from J. B. Hunt, M. D., Columbus, O., describing a case in his practice, of a prolapsed vagina.

Dr. Williamson, of the Committee on Nomenclature, stated that his committee had been continued simply to revise their report, which was printed; the committee was therefore discharged.

By invitation from Hon. Thomas Hoyne the members of the

Institute and their ladies spent a very enjoyable evening at his residence.

The same evening, Wednesday, June 8th, there was a meeting of the editors of the Homœopathic Medical Journals at the residence of Dr. Reuben Ludlam, of Chicago. The object of the meeting was to form an Editorial Association. The physicians present were Drs. I. T. Talbot, Reuben Ludlam, W. T. Helmuth, S. Lilienthal, T. P. Wilson, E. A. Lodge, T. C. Duncan and R. J. McClatchey. Dr. Talbot was Chairman and Dr. McClatchey was Secretary. The articles of the Association were:

First. The name of this Association shall be The American Homœopathic Editorial Association.

Second. Its object shall be a mutual understanding among its members, elevation of the standard of Homœopathic Medical Journalism, and the general good of the profession.

Third. This Association shall be composed of the editors and associate editors of the homœopathic medical journals of the United States who subscribe to these articles of Association.

Fourth. The officers of the Association shall consist of a President, Secretary and three Censors, to be elected annually during session of the American Institute.

Fifth. The President and Secretary shall perform the usual duties assigned to such officers. The Censors shall make an annual report of the condition of homœopathic journalism in the United States during the preceding year and report plans for the furtherance of the objects of this Association.

Drs. Duncan, Helmuth and McClatchey were appointed the Board of Censors.

It was decided that the nomenclature of drugs adopted by the American Institute of Homœopathy should govern the homœopathic journals of the country. The acting President and Secretary were elected to serve the following year.

Dr. Lodge was elected a Delegate to represent the Association in the American Institute of Homœopathy.

On the third day Vice-President J. J. Youlin, M. D., of Jersey City, N. J., called the meeting to order. Clinical Medicine being the first section, Dr. Holcombe's paper on "Hecla Lava" was taken up and read at length. Dr. L. M. Kenyon's paper on "Typhoid Fever," and Dr. S. Lilienthal's paper on "Disease of the Optic Nerve in Cerebral Affections" were discussed, while the papers of Dr. Gallup, on "Clinical Cases," and Dr. F. Hiller, of Virginia

City, Nevada, on "Vaccination and Its Consequences," were read by title and referred.

The Secretary read a communication from the American Institute of Pharmacy, telling of the appointment of delegates to confer with the Committee on Dispensatory. On motion of Dr. W. Williamson the committee was instructed to confer with the delegation.

J. P. Dake, M. D., offered this standing resolution, which was adopted:

Resolved, That after the presentation of all the papers belonging to a Bureau they shall be called up in order for discussion and disposition.

S. B. Parsons, M.D., of St. Louis, offered the following, which was carried:

WHEREAS, We learn with pleasure that the Western Social Science Association is now holding its annual session in this city; therefore,

Resolved, That the American Institute of Homœopathy tenders the Western Social Science Association its congratulations and cordially invites the members thereof to seats in our body during its deliberations.

The Bureau of Surgery offered the following papers in their report:

"Forcible Flexion of the Extremities in Arterial Hemorrhages and Aneurisms," by C. T. Liebold, M. D.; "On Stilling's Operation for Occlusion and Stricture of the Lachrymal Canal," by T. F. Allen, M. D.; "Congenital Talipes-Varus," by L. H. Willard, M. D.; "Injuries of the Scalp and Cranial Arch," by E. C. Franklin, M. D.; "Strangulated Umbilical Hernia," by G. D. Beebe, M. D.; "Surgical Cases," by James B. Bell, M. D.; "Cases from Practice—Pyæmia," by N. Schneider, M. D.; "Report of Surgical Operations in Clinic of Hahnemann Medical College, Philadelphia," by Malcolm Macfarland, M. D., Professor of Clinical Surgery; and "Ligating the Funis," by Dr. Hæselér.

The papers were discussed, and examples of kindred operations and treatment cited by several physicians.

The Bureau of Anatomy, Physiology and Hygiene, through Dr. Dunham, has announced its report in the following articles: "Optical Hygiene," by T. P. Wilson, M. D., of Cleveland, O.; "Elective Affinity in Physical and in Human Nature, in Food and in Medicine," by J. H. P. Frost, M. D.; "Alcohol, Is It

Necessary as a Medicine or Stimulant?" by C. Pearson, M. D.; "Report on Anatomy," by S. B. Parsons, M. D.; "Report on General Hygiene," by J. J. Mitchell, M. D., and "Report on Moral Hygiene," by Carroll Dunham, M. D.

The report of Samuel Bancroft Barlow, M. D., the necrologist, embraced two papers, followed by a request to every homœopathic physician to aid the necrologist by supplying biographic notes of every deceased member with whom they were acquainted. A list of deceased members, their residence, date of death and age, was succeeded by biographical sketches of Joel R. Andrews, M. D., Henry W. Bell, M. D., Hilem Bennett, M. D., Richard M. Bolles, M. D., Josiah Brown, M. D., Charles G. Bryant, M. D., Jefferson Gregg Burchard, M. D., William Channing, M. D., George W. Cook, M. D., Zina H. Harris, M. D., Jabez Bunting Holtby, M. D., A. Cooke Hull, M. D., Amos Gerald Hull, Jr., M. D., George Lingen, M. D., Moses M. Mathews, M. D., John D. Moore, M. D., Roger Griswold Perkins, M. D., James M. Quin, M. D., Manning B. Roche, M. D., Storm Rosa, M. D., C. M. Samson, M. D., Hunting Sherrill, M. D., Ferdinand Little Wilsey, M. D., Abraham D. Wilson, M. D., and Clark Wright, M. D.

Miscellaneous matters were then taken up, when J. P. Dake, M. D., offered a resolution, which was accepted:

"*Resolved*, That there be a standing Committee on Legislation, the duty of which shall be to look after and influence, so far as possible, all legislation in the General Government or any of the States or cities of the country in any wise affecting the interests of Homœopathy or its practitioners."

H. N. Guernsey, M. D., presented the following resolution; adopted:

"WHEREAS, The Legislature of the State of New York, through the efforts of our colleague, George F. Foote, M. D., has granted a charter, with an appropriation of \$150,000, to aid in building an Asylum for the Insane at Middletown, Orange County, N. Y., said sum to be paid when a like amount is raised from other sources; and,

"WHEREAS, By the conditions of the bill granting such charter and aid, the officers and trustees of this institution are to be of the homœopathic faith, and the treatment of the patients is to be in accordance with the principles of Homœopathy; therefore,

"*Resolved*, That we recognize the importance of the first

Homœopathic Asylum for the Insane in the world, and that we cordially recommend its construction and support."

The Committee on Foreign Correspondence reported correspondence from Great Britain and Colonies, and West Indies, by Doctors Dunham and Talbot; France, Spain and Italy by Dr. Verdi, and Germany by Drs. Hartmann and De Gersdoff. The committee had also received a letter from Dr. P. G. Goyco Sabanitas, of St. Jean de Porto Rico.

The committee had likewise received a letter from Dr. Pablo Fuentes y Herrera, of Mexico, Secretary of the Mexican Homœopathic Institute, dated January 10, 1870, announcing the formation of that Society.

There was a specially important letter from Prof. J. Kafka, of Prague, Bohemia, which was translated from the original by Dr. John Hartmann.

Henry R. Madden, M. D., London, Eng.; Giulio Pompili, M. D., Rome, Italy; Leon Simon, M. D., Paris, France; Francis Goding, M. D., Barbadoes, West Indies; P. G. Goyco Sabanitas, M. D., Porto Rico; and Mahendra Lal Sircar, M. E., Calcutta, East Indies, were elected corresponding members of the Institute.

Geo. D. Beebe, M. D., Chairman of the Committee on Medical Education, presented a paper which suggested the credentials to admission into medical colleges, the course of studies and the scholarship. Henry B. Clarke, M. D., also offered an excellent report. There was also a Report on Conference with Professors of Medical Colleges, which dwelt upon the necessity for a collegiate education, the adaptability of the student to his profession, the correct curriculum, and the uninfluenced examination for diplomas, no honorary degrees being desirable.

The report also contained the following preamble and resolutions offered by J. D. Buck, M. D., of Sandusky, Ohio:

WHEREAS, The enviable position which Homœopathy as a science has achieved places it in such a light before the world that its defects as well as its excellencies become visible; and, WHEREAS, It is desired by the American Institute that the most thorough and efficient methods, evolved by the combined talents of this national body for the education of representatives of our art, should be brought to bear upon our medical colleges, to the end that they may labor together for the perfection of our art; therefore,

Resolved, That a committee of five be appointed by the Institute

to confer with a joint committee consisting of one representative from each of our homœopathic medical colleges to devise a more thorough and efficient plan of medical education than that now pursued by any, and to report the same at our next annual meeting.

Resolved, That this Institute recognize both the trials and triumphs of these colleges, and that it desires to share with them in the future, as it has in the past, both their labors and their honors. The resolutions were at once adopted.

Dr. Talbot made this accepted resolution:

Resolved, That the present session of the Institute be known as the Twenty-Seventh Anniversary.

Dr. H. N. Guernsey presented an invitation to the Institute to hold its next session in Philadelphia, which was accepted unanimously.

The President then made the Bureau appointments for the ensuing year.

Dr. Haeseler stated that he would like to have a photograph of the members of the Institute, and the Chair appointed a committee of three—Drs. Haeseler, Ludlam and Ballard—to make arrangements for procuring said photograph.

At the fourth day's session the report on Medical Education was discussed with great interest, and several resolutions were adopted.

Through O. B. Ganse, M. D., it was *Resolved*, That each member of the American Institute will best subserve the interests of homœopathic medicine by using great care to avoid accepting any student of medicine into his office who does not or cannot give evidence of possessing the preliminary education recommended in the report of the Committee on Education.

Through J. D. Buck, M. D., it was *Resolved*, That the resolution relating to qualification apply to all students whose term of pupilage shall commence subsequent to the year 1870, and that every effort be made to acquaint the profession at large with the action of the Institute.

Through G. D. Beebe, M. D., it was *Resolved*, That candidates for membership in this Institute, who shall have graduated later than 1873, shall be required to present evidence of having attained the standard of qualifications adopted by this Institute.

Through I. T. Talbot, M. D., it was *Resolved*, That a committee of three be appointed to examine and revise the resolutions

passed since the formation of the Institute and report at next session. Drs. Ludlam, Talbot and Duncan were appointed to serve as such committee.

The usual resolutions of thanks to Officers, Bureaus and entertainers were then adopted and the election of officers followed.

President—D. H. Beckwith, M. D., Cleveland, Ohio.

Vice-President—J. T. Temple, M. D., St. Louis, Mo.

General Secretary—Reuben Ludlam, M. D., Chicago, Ill.

Provisional Secretary—T. C. Duncan, M. D., Chicago, Ill.

Treasurer—E. M. Kellogg, M. D., New York.

Censors—F. R. McManus, M. D., Baltimore, Md.; L. E. Ober, M. D., Lacrosse, Wis.; G. D. Beebe, M. D., Chicago, Ill.; R. J. McClatchey, M. D., Philadelphia, Pa.; T. P. Wilson, M. D., Cleveland, O.

Dr. Morse moved that the General Secretary be instructed to send copies of the daily proceedings (*Medical Investigator*—Extra) to absent members who had paid their dues.

On motion of Dr. Foote, of New York, the Institute adjourned to meet in Philadelphia on the first Tuesday in June, 1871.

Twenty-Fourth Session.

The twenty-fourth session of the American Institute of Homœopathy was held in Philadelphia, June 6th to 9th, 1871.

The preliminary meeting was held at the residence of Constantine Hering, M. D., on the evening of June 5th, at the cordial invitation of Dr. Hering and his wife. The hours passed most pleasantly and remained in memory as a happy reunion of old friends and the making of new acquaintances. The great pioneer of Homœopathy dispensed his hospitality with a gracious hand, and the strangers felt the genial welcome to the city of Brotherly Love.

The Institute met in the Hall of the Mercantile Library Association, on Tuesday morning, June 6, 1871, at 10 o'clock, with President D. H. Beckwith, M. D., of Cleveland, Ohio, in the Chair.

The welcoming address was delivered by Henry N. Guernsey, M. D., who spoke of the purpose of the Institute, of its vicissitudes and its triumphs, of the time when it was compelled to disperse for a season on account of the war. He expressed joy at the reunion of the Nation and the reunion of the Institute, hoping

that its existence should continue and be an endless source of good to the people. With a most cordial sentence or two he greeted the members and bade them welcome to the city that had been one of the first to grasp the doctrine of Hahnemann and advance his theory of practice to prominence.

After expressing thanks for the kindly welcome, Dr. D. H. Beckwith, as President of the Institute, delivered an address, and spoke of the grand progress of the Institute, of the valuable work of the Bureaus and of the advisability of forming a Bureau of Aural and Ophthalmological Surgery, as an aid to other Bureaus.

He referred to the increasing number of hospitals, colleges and other aids to the truth in medical treatment and exulted in the Institute, then the largest association of the kind in the world, and the oldest in America. He advised perfect unity of members, praised the literature and hoped for its continual improvement and hoped each Bureau, the Bureau of Necrology as well, would put forth every effort to secure evidence of the extension of the great work of the Institute, and that those who had passed away would be faithfully remembered.

Dr. Beckwith closed with a soulful tribute to Walter Williamson, M. D., one of the veterans of the profession and a noble and good man.

T. P. Wilson, M. D., of Cleveland, O., moved that a committee of three should be appointed to report upon the President's Address, and the motion being carried, Dr. Beckwith appointed Drs. T. P. Wilson, Cleveland; J. C. Burgher, Pittsburg, and I. T. Talbot, Boston, to act as the said committee.

He also announced the Committee on Credentials as H. M. Smith, M. D., New York; W. E. Freeman, M. D., Wilmington, Del.; H. M. Paine, M. D., Albany, N. Y.; J. J. Youlin, M. D., Jersey City, N. J., and John E. James, M. D., Philadelphia, Pa.

The Auditing Committee was, L. E. Ober, M. D., La Crosse, Wis.; I. T. Talbot, M. D., Boston, Mass.; R. F. Baker, M. D., Davenport, Iowa; H. M. Paine, M. D., Albany, N. Y., and S. R. Beckwith, M. D., Cincinnati, O.

The Annual Report of the Institute, making a volume of 620 pages, was presented by Reuben Ludlam, M. D. Owen B. Gause, M. D., told the Institute of a peculiar monstrosity that would be exhibited if they desired to see it. E. M. Kellogg, M. D., then submitted his report as Treasurer, showing a deficit of \$635.28. On inquiry it was found that if the members who

were in arrears would pay their indebtedness there would be no arrearage, but rather an appreciable surplus.

J. C. Burgher, M. D., of Pittsburg, made a motion to limit speakers in discussion to five minutes, and that no one should speak more than twice upon the same subject. After a little argument, S. R. Beckwith, M. D., amended the motion to a limit of ten minutes, when the amendment was seconded by S. M. Cate, M. D., and carried.

O. B. Gause, M. D., had a message from J. P. Dake, M. D., of Nashville, who, being unable to attend the meeting, had forwarded a few amendments which he proposed to make in the By-Laws.

On motion of Dr. Gause, the matter was referred to the Committee on the President's Address.

The Bureau of Clinical Medicine made a report through their Chairman, S. M. Cate, M. D., who presented the following papers: "Catarrhal Fever," by O. P. Baer, M. D., of Richmond, Ind., who gave a full description of a case of this fever, reciting causes, effects, medicine, regimen and surroundings, which he subscribed with curative results.

S. M. Cate, M. D., wrote of his experience in "Scrofulosis," by which he had been able to alleviate but not cure a case. He expressed the hope that some day in the near future Hahnemannian therapeutics might develop a cure for this and kindred constitutional diseases.

D. H. Beckwith, M. D., presented a paper on the "Prevalent Diseases of Ohio for the year ending June, 1871." He wrote of the general health of the State, and gave his prescriptions of remedies for prevalent miasmatic, pulmonary and bronchial affections, together with a slight epidemic of scarlatina which had spread through some parts of the State. He also mentioned a hazardous operation performed by B. P. Brown, M. D., in removing, from a lady's neck, a "nodulated tumor, carcinomatous in character," which had been growing for ten years.

J. C. Burgher, M. D., had taken for his subject "Diarrhœa," and described the various forms of the disease and his experience in the treatment and cure.

F. B. Mandeville, M. D., of Newark, N. J., wrote a paper, entitled "Shall We Vaccinate?"

H. V. Miller, M. D., Syracuse, N. Y., presented "Medical Maxims," and E. H. Beckwith, M. D., Zanesville, Ohio, described "A New Kind of Parasite."

The Committee of Finance read a short report, showing the cause of Treasury deficit and suggesting as the remedy the raising the dues, so that the Institute should stand on a more secure financial basis. After some discussion the Institute adopted the following amendment to the By-Laws:

Resolved, That the By-Laws shall be so amended as to raise the dues of members from \$3.00 to \$5.00 per annum.

The Report of the Committee on Legislation was submitted by T. S. Verdi, M. D., Chairman, who wrote of the vicissitudes through which Homœopathy had passed and the difficulty of gaining recognition. Particular stress was laid upon the fee for medical license and the fine for practicing without that credential. Dr. Verdi gave an amusing description of his efforts and success in obtaining freedom from such impositions by demanding and obtaining a charter for a Homœopathic Medical Society, with the same rights and privileges as the old school enjoyed. He also told of his brave efforts in behalf of establishing a professorship for the teaching of Homœopathy in a new University that was under consideration in Washington. He collected a great number of petitions from all over the country, in the names of great men, some Senators and statesmen, and sent them to the committee, a few at a time, so as to keep the idea perpetually before them. The building not having been erected, he kept a lot of them in reserve in case the proposition should again spring to life. Dr. Verdi continued in a jocular vein to describe the manner in which he, Dr. H. M. Paine and others fought against the removal of homœopathic physicians from government positions and their replacement by allopaths. Then followed his letter or petition, sent to President Grant, requesting the removal of Dr. Van Aerman, telling of his actions and of the desire of the many medical organizations who would not submit further to his tyrannical injustice. Dr. Van Aerman was removed, and the Honorable Mr. Baker, who was appointed his successor, gave Dr. Verdi his promise that Homœopathy should be recognized and honored as long as he remained in the Pension Office.

Another point was gained in the interest of Homœopathy when Dr. Verdi introduced, through General Garfield, a "Bill to secure to the medical profession equal rights in the service of the United States." Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled :

" That all appointments to medical service in any capacity under

the Government shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to any preferred theories of treatment."

This bill was introduced and referred to the Committee on Education, but it was too late to be voted upon, though the Committee unanimously recommended its passage. Another triumph, which Dr. Verdi announced, was the appointment, by the President of the United States, of two physicians on the Board of Health of the District of Columbia, one of whom was a homœopath. He spoke regretfully of the ostracism of the second physician, Dr. C. C. Cox, who had been willing to serve as an associate with the said homœopath. Dr. Cox had been Lieutenant-Governor of Maryland, was one of the founders and a Vice-President of the American Medical Association, was also the first delegate sent to the Medical and Scientific Convention in Europe, and was then the only Honorary American member of the English Medical Association. He continued calmly on his way, not noticing the odium cast upon him, or at him, by his inferiors.

After the reading of Dr. Verdi's paper a set of resolutions was proposed, which, after considerable discussion, was referred to a committee composed of Drs. I. T. Talbot, Henry M. Smith, David Thayer, G. D. Beebe and T. S. Verdi.

The Board of Censors made a partial report, when the meeting adjourned to reassemble at 8 o'clock, in the Academy of Music, to hear the Annual Address, by T. P. Wilson, M. D., of Cleveland, Ohio, who took for his theme "The True Relation of Man to Nature, His Origin, Character and Destiny." As Dr. Wilson chose to select and uphold the theory of Darwin, considerable discussion followed, and the address was not accepted for publication. The usual vote of thanks was offered, but the Institute denounced the theory and refused to endorse the sentiments of the address. By a peculiar course of events, Charles H. Haeseler, M. D., offered, for the attention of the audience, a humorous poem, written by himself, as a sarcastic return to Dr. Oliver Wendell Holmes' poem, which had been read the previous year before the Massachusetts Medical Society. Dr. Haeseler's poem was entitled "A Dream Which Was Not All a Dream." The poem is too lengthy for reproduction in this history, but it was rich with good-humored satire, and in its brilliant light, the shadow, made by the unfortunate address, was dispersed.

Immediately on assembling for the second day's session, T. S.

Verdi, M. D., from the Committee on Legislation, reconstructed his previous resolutions and offered the following, which were adopted :

“Resolved, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines when these higher interests can be subserved thereby.

“Resolved, That the exclusion of medical men from positions of honor and trust in the public institutions of the country or in the Government service, on account of medical opinions, is an abuse of power, and ought no longer to be tolerated.

“Resolved, That the censure and ostracism with which some medical organizations are pursuing the more liberal minded of their members are an invasion of the rights of American citizens, and subversive of the freedom of thought and action which characterize all scientific bodies.”

These resolutions provoked no discussion and were unanimously adopted.

Conrad Wesselhœft, M. D., Chairman of the Bureau of Materia Medica, Pharmacy and Provings, had the following papers to report:

“Confirmed Indications of *Ustilago Maidis* and *Secale Cornutum*; also, a Fragmentary Proving of *Aqua Marina*,” by Conrad Wesselhœft, M. D., of Boston.

“Retrospect of Materia Medica Work During 1870,” by Carroll Dunham, M. D., of New York.

“An Analysis of the Symptoms of *Diarrhœa* and *Dysentery*,” by John J. Mitchell, M. D., of Newburgh, N. Y., and a “Partial Proving of *Cimicifuga Racemosa*,” by T. Bacmeister, M. D., of Toulon, Ill. Together with these published papers were submitted a “Proving of *Lac Vaccinum Defloratum*,” a “Proving of *Lac Caninum*,” and “Provings of *Odo-Magnetic Sugar*,” all by S. Swan, M. D., of New York.

J. P. Dake, M. D., being unable to be present, sent a letter to the Bureau of Materia Medica in which he proposed the establishment of a College of Provers, to be composed of male and female medical students under the direction of competent doctors. This college to meet once a year between the sessions of the medical schools. Drug provings must be made according to every rule, regulation and appliance known to science. Dr. Dake stated it

his proposition was considered he would forward the plan which presented itself to him, together with arguments in its favor, and he would request that each member of his Bureau would read and express his opinion in writing with regard to this idea.

Carroll Dunham, M. D., presented a communication from J. G. Gilchrist, M. D., of Owatonna, Minn., informing the Institute that a new repertory, intended to be very complete, would be issued in a few weeks, and moved that the work should be mentioned in the minutes of the meeting.

Dr. Dunham then read his report of the work done during the year, outside of that already rendered in the papers mentioned. He also made special report of the drug, Cundurango, used in Ecuador hospitals for the cure of cancer.

Considerable discussion followed the reading of the papers on *Materia Medica*. David Thayer, M. D., of Boston, offered the following:

Resolved, That the Committee on Publication be instructed to have the papers of the Board of *Materia Medica*, Pharmacy and Provings published at once, in the style and type of the annual proceedings of the American Institute, and sent in sheets to each member of the Institute that they may have the benefit of the same, and enrich each proving by their clinical experience and further proving. After some discussion regarding the expense the resolution was adopted.

The Committee on Nomenclature and Pharmacy made no report, expressing the thought that their duties were merged in that of the Committee on Homœopathic Dispensatory.

The report of the Committee on Credentials stated that three hundred delegates and members were present, representing fifteen State societies, forty two local and county societies, twenty hospitals and asylums, twenty-two dispensaries, nine medical colleges and eight medical journals.

The Bureau of Obstetrics made its report through Reuben Ludlam, M. D., Chairman. The papers presented were, "Topical Uterine Applications," by J. H. Woodbury, M. D., of Boston; "The Use of the Obstetric Forceps," by O. B. Gause, M. D., of Philadelphia; "Violent After-Pains with Hemorrhage arising from Irregular Contractions of the Uterus," by E. C. Beckwith, M. D., of Zanesville, Ohio. Henry N. Guernsey, M. D., of Philadelphia, made a short verbal report of his treatment of Eclampsia.

A long discussion now followed on the use of obstetric forceps,

and Drs. Lungren, Cole and Townsend cited peculiar cases in their practice.

T. S. Verdi, M. D., offered the following accepted resolutions:

“Resolved, That the American Institute of Homœopathy deem it inexpedient to have a public oration delivered hereafter by any member at the meeting of the Institute.

“Resolved, That the President shall make an address at the opening of each session of the Institute, which address shall contain a general review of the progress of medicine and Homœopathy during the past year, and such suggestions as he may deem necessary for the Institute to take action on during the session.”

The Bureau of Surgery presented its report through I. T. Talbot, M. D., Chairman of the Bureau, who made a general report, telling of the progress of surgery during the year. He mentioned the difficulties under which the school suffered in the extreme opposition shown to them by the old-school practitioners and their followers, and also presented a paper on “Ovariectomy.”

James B. Bell, M. D., wrote on “Strabismus.”

Bushrod W. James, M. D., had for his subject “Recent Surgical Improvements,” and exhibited several new instruments, explaining their use and the manner of applying them. “Ovarian Tumors” was Dr. G. D. Beebe’s subject. “Removal of Ovarian Tumor” followed, by C. H. Von Tagen, M. D., of Harrisburg, Pa. “Resection of Joints,” by E. C. Franklin, M. D.; “Fractures,” by N. Schneider, M. D., of Cleveland; “Mechanical Obstruction of the Bowels,” by A. R. Thomas, M. D.; “Hemeralopia,” by T. F. Allen, M. D.; “Clinical Surgery,” by Malcolm Macfarlan, M. D.; “Clinical Aural Surgery,” by H. C. Houghton, M. D., and “Polypus of the Conjunctiva,” by T. F. Allen, M. D., were the other important papers of the Bureau.

When the Board of Censors made their report, through F. R. McManus, M. D., there arose a heated discussion, because it contained the names of three woman applicants for membership. The discussion was unfinished at the time of adjournment for the evening and continued the next morning. Having come to no conclusion. Henry M. Smith, M. D., said that he thought the Bureaus of Organization, Registration and Statistics would make a proposition covering the ground, therefore the paper was laid on the table.

I. S. P. Lord, M. D., Chairman of the Bureau of Anatomy, Physiology and Hygiene, had no report to make except a very concise one of his own, which treated of the "Physiological Properties of a Cell."

The Bureau of Registration, Organization and Statistics reported the proposed amendment to the By-Laws which would avoid the word "he," and that another Bureau should be added, a Bureau of Medical Literature, which should prepare a resumé of all that has transpired during the year in either school of medicine. The amendments were both adopted.

F. R. McManus, M. D., then offered the following resolution:

Resolved, That all reports or papers which are to be published with the proceedings of the Institute shall be handed to the Secretary within thirty days after the close of the session, in order to facilitate the publication of the proceedings, otherwise they will be excluded.

The resolution was unanimously adopted.

The election of officers for the following year resulted in:

President—I. T. Talbot, M. D., Boston, Mass.

Vice-President—J. J. Youlin, M. D., Jersey City, N. J.

General Secretary—R. J. McClatchey, M. D., Philadelphia, Pa.

Provisional Secretary—Bushrod W. James, M. D., Philadelphia, Pa.

Treasurer—E. M. Kellogg, M. D., New York.

Board of Censors—F. R. McManus, M. D., Baltimore, Md.; J. E. James, M. D., Philadelphia, Pa.; G. W. Swazey, M. D., Springfield, Mass.; Clement Pearson, M. D., Mount Pleasant, Iowa; Ross M. Wilkinson, M. D., Trenton, N. J.

The Board of Censors then reported the election of ninety-nine new members, three of whom were women.

A. S. Ball, M. D., presented a number of resolutions concerning Alcohol which were referred to the Bureau of Materia Medica before acceptance.

The following preamble and resolutions were unanimously adopted:

WHEREAS, It is desirable, in order to secure the most rapid extension of our doctrines possible, that we should make use of all proper opportunities to cultivate the warmest and most hearty sentiments of brotherhood and to secure entire harmony of action on many important issues connected with medicine among the members of our profession in all parts of the world; and,

WHEREAS, One of the best methods for securing such unity of sentiment and concert of action is found to consist in the convention of physicians for purposes of friendly medical discussion; and,

WHEREAS, Opportunities for assembling in one convention the profession of Europe and America are extremely rare; and,

WHEREAS, Such opportunity will be afforded upon the occasion of the Centennial Celebration in Philadelphia in 1876; therefore,

Resolved, That a Committee be appointed to consider the subject of a proposed International Homœopathic Congress, to be held in Philadelphia in the year 1876, and report the results of such consideration at the next meeting of the Institute.

The resolution being adopted, the following were elected the committee, they having proposed the Congress:

Drs. Constantine Hering, Carroll Dunham, Robert J. McClatchey, William Tod Helmuth, Bushrod W. James, I. T. Talbot, W. M. Williamson, Timothy F. Allen, Tullio S. Verdi, Reuben Ludlam, Pemberton Dudley, E. M. Kellogg, Henry N. Guernsey, Henry M. Smith, Seth R. Beckwith, and T. C. Duncan.

The Auditing Committee reported the Treasurer's accounts correct.

Bushrod W. James, M. D., offered a series of resolutions, which were unanimously adopted, thanking the officers for the fulfilment of duty, the city and its institutions for their hospitality, and the authorities of the Mercantile Library for the use of its building for the session.

Carroll Dunham, M. D., offered resolutions upon the death of Dr. Walter Williamson, as follows:

Resolved, That the American Institute desire to give formal expression to the deep sorrow with which they accept the dispensation of Providence, which has taken from among them their respected and beloved associate, the late Walter Williamson, M. D., of Philadelphia. One of the original founders of the Institute, Dr. Williamson was a constant attendant upon the meetings, a hearty participant in the labors, and a most efficient promoter of Institute. As a physician, a teacher, a counsellor, and a friend he had endeared himself to our whole profession by his wisdom, his benignity, his general courtesy and his unflinching honesty.

Resolved, That a copy of this resolution be transmitted, with

an expression of the profound sympathy of the Institute, to the family of our deceased colleague, and to the Philadelphia County Medical Society, of which, at the time of his death, he was President.

The Committee on Foreign Correspondence reported an announcement of a meeting of the British Homœopathic Congress at Oxford in the following September.

Dr. Dunham reported the work of the Committee on Homœopathic Dispensatory as progressing toward completion. Constantine Hering, M. D., and Robert J. McClatchey, M. D., were added to the Committee.

R. Ludlam, M. D., moved that "Diseases of Women and Children" be added to the title of the Bureau of Obstetrics. This motion was carried.

The appointments for the different Bureaus were then announced, when the Institute adjourned to meet in Washington, D. C., on May 21, 1872.

SOME REASONS FOR BEING A HOMŒOPATH.

By Carrie B. Banning, M. D.

In presenting a paper on the fundamental principles of Homœopathy it is impossible to say anything that has not been ably said before. If this were expected there would be no excuse for speaking. But many of us in the busy whirl of daily life and practice not exactly forget, but lose sight of, for the time, the broad principles for which we stand, and it seems once in awhile well to pause and study a little of our creed and the reasons therefor. As the mariner sailing the trackless sea turns to his chart for guidance we occasionally may profit by following his example and think over our fundamental principles.

The minister wishing to expound the truths of scripture takes a text from Holy Writ; so, likewise, I have chosen the words of one of our celebrated homœopathic contemporaries, Conrad Wesselhœft, of Boston.

"We cannot cure all, we dare injure none."

Fasten this well in the memory—it is the golden rule in the practice of medicine.

"We cannot cure all, we dare injure none."

Hahnemann says, in the *Organon* : "The physician's highest and only calling is to restore health to the sick, which is called healing."

And, further: "The highest aim of healing is the *speedy, gentle* and permanent restitution to health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner according to clearly intelligible reasons."

The physician must clearly understand what is curable in disease in general, also in individual cases. And, further, he should *clearly* comprehend what is curative in drugs in general and in each drug in particular. He should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons in order to insure recovery by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in the patient.

This declaration of the object and work of the physician is clear and plain, and cannot reasonably be objected to by any honest member of the profession of whatever school.

We cannot cure all. This is a truth that has been forced upon us all through our sad experience. It is a truth we must face, however much we may shrink from it.

This is true in the first place because we have only human knowledge, and this is limited by many things and is imperfect at the best. Perhaps we are unable to obtain our drug picture. There is frequently such a mass of symptoms—some real and many imaginary—that more of a blur appears than a picture.

On the other hand, our knowledge of drugs is limited. Doubtless there are all about us many remedies whose secrets have never been disclosed and whose possibilities of helpfulness are unknown.

And, again, the vital force may be so low that we can get no response, even when our drug picture is clear and our remedy certain.

We can but do our best with cases like these. But, above all things, we must do our best and be sure it is *the best*. Ignorance can be no excuse. It is our business to know. We call ourselves physicians, and by that name make a declaration that we know. And should we find ourselves uncertain or in doubt it is our duty to study—to work—to find out. And if we fail of cure, let it be with the assurance of having done all. Not having done all because the friends tell us we have, but because our conscience is

satisfied and clear. We have used all means in our power to be sure of the right course. We have followed the well-proven law of cure, and the result is not our fault if the end desired is not attained.

But, fortunately, these cases are comparatively rare. We, as a school, lose very few patients with acute diseases, and we all know the chronics never die. Nevertheless, we must be prepared to meet all things.

But if "we cannot cure all, we dare injure none."

When the late Benjamin Harrison was taken ill, his sickness was slight. He was a man of strength and vigor, and it was reasonably expected that in a few days he would be in his natural health. You all know the sad story. Doubly sad because seemingly unnecessary. The man had fever; drugs were administered to lower the temperature, slow the blood current. This condition was favorable to stasis, and lo! pneumonia and death.

What ultimate good can come from depressing the heart and bringing down the temperature when the cause of the rise is not affected or removed?

This is no uncommon case. The daily press is continually telling of the illness of some prominent person—after days of bulletins and anxiety they are out of danger and convalescing, and puff! their life goes out like a candle. They fight nobly; they overcome the disease, but they cannot conquer the drugs. The tired heart fails, and life ends unexpectedly to their friends.

In the newspaper, speaking of the death of Sir Julian Pauncefote, the following occurs: "Dr. — arrived at 2 o'clock this morning. Lord Pauncefote's pulse strengthened shortly after that hour and a cablegram of hopeful tenor was sent to his son-in-law in London. But a weakness of the patient's heart *unexpectedly* developed and death followed a little more than two hours later."

"Heart failure" covers a multitude of sins. When recovery does take place, the result is a patient with less vital force to resist disease—a fight for life—a long and wearisome convalescence.

In the *Cleveland Medical Journal* of March, 1902, is printed the following case:

"Miss D., 16 years of age, entered the hospital on June 15, 1900. She was emaciated and dirty, had sore eyes and an eczematous patch on her chin. She had extensive and violent choreic movements which had lasted five months. The chorea confined

her to her bed. There were no cardiac murmurs, nor could a rheumatic history be learned. She is not bright, the bowels are constipated, and the skin anæmic. A cathartic was prescribed and five-drop doses of Fowler's solution of *Arsenic*, which was gradually increased until July, 5th when she was taking 36 drops daily. At this time ten drops of tincture *Ferri chloridi* three times daily were ordered, and the arsenical solution was given in fifteen-drop doses three times daily. A pustular eruption appeared on the chin. The *Arsenic* was then suspended, and Lascar's paste was applied to the chin, with citrate of *Potash* internally. For six days she had no *Arsenic*. Up to this time the chorea had shown no improvement.

"On July 11th the arsenical solution was resumed, one drop every hour. On July 27th she vomited and had a severe diarrhœa. The *Arsenic* was now stopped. The diarrhœa lasted four days. On July 27th I found the chorea had ceased, and that both hands and both feet were paralyzed. I have counted up the *Arsenic* she has taken and find it amounts to 952 drops in 36 days, an average of 23 drops daily, or a little more than a fifth of a grain. She cannot supinate the forearm or raise her hand when it is in pronation—the position which the limb naturally assumes. Limited flexion of the fingers is still possible. The extensors of the feet are paralyzed; the flexors still have some power. There are no reflexes. There seems to be no paralysis above the elbows or knees. The muscles are atrophied. She was treated with *Strychnine*, electricity, hot baths and massage for three months. There was no improvement. The dosage was not large. Could the acid in the chloride of *Iron* tincture have been synergistic to the *Arsenic*?" With this question the physician ends his interesting report.

Not a word of apology other than to say the dosage in this case was not extraordinary. Would you like even a few cases like this to rise up and haunt you in the silent watches of the night?

These are but a few cases out of innumerable thousands. Your neighbors are drug victims. You meet drug victims on the streets. The vast institutions for the cure of morphine and other drug habits—what do they show? They point to those whom the physician has injured. The venerable Professor T. P. Wilson used to say, "Don't ever write P. A. after your name (meaning pain alleviator). Every time you give a drug for the sole purpose of relieving pain you confess your ignorance. If you give the indicated remedy the pain will flee."

Our allopathic friends are vaunting the wonderful success of serum therapy. Do you not think their success is due to the fact that less drugs are used? In fact, is that not nearly all there is to it? Will not good, pure Homœopathy make a better showing? In fact, do not our statistics prove it?

We homœopaths are often joked by the dominant school because we seldom have notoriously serious or prolonged cases of illness. But let this be our glory. Our patients have but one thing, the disease, to contend with, and we aid them in overcoming that. And if, through any combination of circumstances, we fail to obtain a cure, we have the satisfaction of knowing we have done no injury. *We know* that none of the physical wrecks we see on every hand are the result of *our practice of medicine*.

Fort Wayne, Ind., May 28, 1902.

Transactions of the Thirty-Seventh Session of the Homœopathic Medical Society of the State of Pennsylvania, Lancaster, Pa. The Examiner Printing House. 1902.

Though humanly prone to indulging in vain imaginings, I have never yet harbored the conceit that in his oldest son my father had begotten a prophet. I am well aware that many of my admirers will call this *obiter dictum* in question; nevertheless, I believe I *know* better than they; perhaps my chance of being believed is at least as good as theirs, hence the undaunted avowal.

Nor am I moved to attempt the prophetic *rôle* on this occasion, much as the beautifully-printed volume under notice incites a little fellow of my size thereto. To heave the lead for the taking of soundings, that isn't playing the prophet, I take it. Perhaps the fact that I was shipwrecked on the foggy banks of Newfoundland—was it really sixty years ago?—while in transit, as a pinafored lad of eight years, from the Old World to the New, has made me chary of such disasters, begetting a wholesome dread that even the good ship Homœopathy, Captain Hahnemann, in which I embarked nearly half a century ago, may suffer shipwreck. What! Is that only the foolishness of fears? God bless you for that assurance. You see, my friend, I am not as "chipper" as I have been in younger days.

"The strong man's part and the lion's heart
Are things of the Long-Ago,"

and as one is sitting in the deepening twilight, the shadows around him growing denser and darker, a stirring blast from the bugle of the battle-field fans the feeble flicker of the failing flame into the flashing fire once more. You may not believe this just now, "but thereby hangs a tale."

Look about you; are not the old landmarks melting into mist all around you? Isn't the "higher criticism" making a myth of the old Bible that has been bathed again and again in your dead mother's tears? *She believed it; died with its great, priceless promise on the lips that so fondly kissed you when your first breath was exhaled in the cry of the new-born.* For you Science has made of her "rod and her staff"—a broken reed. You dare not lean upon it; with only it in her hand she met the King of Terrors, and—conquered.

If it is thus with sacred things are things profane invulnerable? In the sad eclipse of Faith, are your "Principles and Practice" far beyond and above the baleful darkness? *Do not deceive yourself; heave the lead!*

* * * * *

And the woman said, "The serpent did beguile me, and I did eat"—and we are her children!

Suppose you knew an avowedly "homœopathic" professor in an avowedly "homœopathic" college, who gave his "homœopathic" patrons such *tablets* as these—but it will not do to print the damnable formula, some other "homœopath" might be led into making them and using them. Suffice it, then, that his delectable "Stomachic Tablets" consist of five active ingredients; one of them, and the first of the list, being *Calomel*, one-twelfth of a grain, and, as a fitting companion, *Strychnia*, one-fiftieth. Nor was *Ipecacuanha* forgotten, for this "homœopathic" professor was careful to "cover" both ends of his case.

Did we need Dan Chaucer to tell us—

"And shame it is, if that a preest take kepe,
To see a sh . . . n shepherd, and clene sheep?"

But, can the sheep from such a fold be "clene?" Alas, the "higher criticism" hath told us that there are *no miracles*, and for once the higher criticism is no doubt right.

I know an old physician who was consulted by a sad sufferer from sciatica; it had stuck to her like a mortgage to a Methodist church, and she counted the hours of her agony (agony by day

and by night) by years. The old-fogy homœopathic physician opened his thumb-worn "Bœnninghausen" and gave her a "remedy" that he had never before prescribed for a patient having sciatica, or, rather, a patient whom sciatica *had*, and seemingly "for keeps," as the children say. The potency was so "high" that I am obliged to acknowledge it is "out of sight." The "highest power" of the microscope squints for it in vain, and the Milwaukee Test is "knocked silly" by it. To-day that long-suffering woman can out-walk that "clene" graduate, and he knows it. When asked what cured Mrs. So-and-So he can only sigh to his "homœopathic" soul, "*Damfino!*"

And yet the "Transactions" of a nameless "homœopathic" State Society proclaims to the world:

"A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. *All that pertains to the grand field of medical learning is his by tradition, by inheritance, by right.*"

If that State Society will only add: *By the most shameless of petty larcenies*, the dear old Devil himself will "second and support the motion."

* * * * *

From a spectacle that would give a vomit to Satan himself, turn to the *Transactions* of another State Society which does not bend the knee to Baal, to that whose last volume has evoked these words from even so lame and impotent a homœopath as I!

"*Dinna ye hear the slogan!*" Aye, oh, aye! Blessed be God, beleagured and besieged though we are; surrounded by enemies and infested with recreants as we are, yet we hear the slogan sounding; deliverance is at hand; the Source of all Truth careth for it, forever! There are still those to whom Homœopathy is "a possession forever."

May 27th.

S. A. J.

A PROVING OF ICHTHYOL. BY ALPHA CHAPTER, ALPHA SIGMA FRATERNITY.

"Utopia is a pleasant place, but how shall I get there?
Straight down the crooked lane and all around the square."

Those succinct directions for homœopathic travellers are not in Baedeker, but they ought to be; for they describe explicitly

enough the route to that *Utopia*, euphemistically called, "A College of Provers." That dyspeptic caricature of humanity whom the sleepless Nemesis will not allow to eat "a square meal" is said to be an ardent lay homœopathist; but why doesn't he endow such a college and see to it that the corner-stone is lain on *All Fool's Day*?

Such a college of provers as sundry homœopathic dillettants have depicted—on paper and in a delirium of devotion—were a pitiful handful of just such hungry Hessians as the miserable mercenaries whom King George of sainted memory hired on occasion. A "College of Provers," forsooth, *hired* to perform one of the highest duties permitted to Man!

This appreciation of such a college of provers is evoked by Dr. Dieffenbach's frank avowal: "It is extremely difficult to induce individuals to voluntarily undergo pain, distress and exactions such as are involved in a term of drug proving." Yes, yes! Yet on the solid rock of this self-abnegation is founded the system of Therapeutics which is to the Greeks foolishness and to the Jews a stumbling block. Even so, but with the courage of a deathless conviction and in the face of poverty and its pitiful privations

"He builded better than he knew."

And this when he wrote: "Who can say that in the millionth or billionth development the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division, of whose nature we can form not the slightest conception?" And also: "By the succussion and trituration employed a change is effected in the mixture, which is so great and so inconceivably curative that this development of the spiritual power of medicines to such a height by means of the multiplied trituration and succussion of a small portion of medicinal substance with ever more and more of dry or fluid substances deserves incontestably to be reckoned *among the greatest discoveries of this age.*"

And thus it is being reckoned, though not by homœopathic "scientists" of the American brand. Oh, no; these have not yet got beyond the nursing bottle period; these are mewling and pucking in their little cradles, toying the while with a test tube, and later on squinting through a microscope to discern the *invisible*! *Seeing* it not they swear it *is not*; as if the only *sense* allowed a thinking man is confined to the autics of the optic

nerve ! And these fellows can get together on occasion and bable about "science," actually without laughing outright in each other's faces ! What a spectacle for the gods !

(If these *homunculi* wish for an hour's delectation they will find it by reading *The Journal of the British Homœopathic Society*, Vol. X, pp 56-92; 179-202.)

Then, if any one of such readers is capable of comprehension there will be a case of colic for which *Colocynthis* isn't indicated, as the keynote is: "The more he thinks of it the worse he feels." (*Oxalic acid*, by *Thunder* !)

* * * * *

The proving work of the zealous members of the Alpha chapter distinguishes itself by a most commendable feature, to wit., its avoidance of the superlative in statement. This denotes earnestness rather than exuberant enthusiasm, of which our provers are so apt to display too much. To be sure, we are judging solely from Dr. Dieffenbach's *resumé*, and he certainly has pared away the redundant with a masterly hand.

Very significant, also, is the difference in the receptivity or the responsiveness of the several provers; assuming, of course, that the capacity of each as an observer is equal. As a man can report only that which he subjectively *feels* or subjectively *sees*, this feature is especially noteworthy, for it may clothe a single and an isolated symptom with the regal crown of a "characteristic." It may also effectually "cork" the mouth of some croaking "critic."

But it must also be true that the prover's *zeal* counts for much—the zeal that halts not for the "pain, distress and the exactions of a term of drug proving." Of these "Alpha Sig." worthies it is not invidious to record the splendid pertinacity of Drs. Dieffenbach, Moore, Wood and Forbes; and of the under-graduates, the brothers (?) Clapp

The omission of the element of time, and, presumably, drug-quantity, forbids certain deductions that might be of interest; but we shall have this factor when the provers' note books are published—as they most assuredly should be.

Moreover, the matter of "potency" enters, as it ever must, ever should, and ever will in a proper proving. In this item one can but remark that two provers taking the first decimal trituration elicited seventy "symptoms" between them, while the two others, taking the thirtieth, jointly recorded only twenty-nine. Here enters the unknown quantity that we call idiosyncrasy, for

while one prover noted only seventeen "symptoms" from taking the first decimal potency one prover of the thirtieth is enabled to register twenty-four.

Remarkable also are the constitutional dissonances in the effects of the 1x, and, as well, the singular and speaking consonances between the "action" of the 1x and the 30th cent. Even the elastic logic of a renegade "gets it in the neck," as well as in a territory of ill sound to ears polite!

* * * * * * *

Alpha Chapter is to be congratulated on its "find" in this remedy which it is bringing into "good society" through the open door of a "proving," and not over the wall of "empiricism." It is also brought to the service of the human race at an opportune time. The *Uric acid diathesis*, or the *gouty*, or the *rheumatic*, or "any other old thing" that may be got from the "grab bag" of Nosology, is notably on the increase. What with our high-pressure way of living, our mad struggle for wealth, *wealth*, WEALTH, and our most damnably-adulterated foods and drinks we are sailing devilward at a rate that must be highly encouraging to Beelzebub's various "home industries." In the millionaire's mansion, racking him with the aristocratic gout of prodigality; in the hovel, adding a needless misery to Want by the insidious poisoning of the borated food, that can only cheat corruption of its *last* harvest. In the one the Uric acid of sinful over-indulgence; in the other the Uric acid of *incomplete oxidation*—for that is the "physiological action" of *Borax* in or out of food. And the stream at the fountain is poisoned, and the victim falls as if smitten by a bolt from the skies, and learned doctors write death certificates—"Heart failure;" and this grinning farce is called "Science."

* * * * *

It is more than significant that, at least in these United States, Grauvogl's generalization should have fallen upon stony places. But Grauvogl's strong meat can not be masticated with "false" teeth, and if swallowed whole it isn't digested; it only goes in at one end and out at the other, and is only damaged by the transit.

Yet there is a solid core of truth in his classification of the constitutions.

Even a semi-intelligent "homœopathic" professor can see from one reading that *Ichthyol* takes its place in the category of Grauvogl's Carbo-nitrogenoid remedies—and a goodly list of trusty

weapons they are. Among them is no first and last; each is "on to his job" at the time, place and conditions. Yet some are called into action oftener than others—and what a war-worn veteran is *Lycopodium*.

But who has not seen even *Lycopodium* fail—as if the Law of Similars was, after all, a delusion. Delusion? Man alive, Law is one of the eternal Verities! Law never falters, never fails. It is *we* who have "very poor eyes," and imagine the *sun has gone out* because we have blinked.

But who has not seen *Lycopodium* almost do the work, as if the arrow had not been drawn back far enough to make it reach thee butt? And then the sickening sense of discomfiture, and the humbling conviction of the pitiful limitations of our nature. Despair not, despond not, O, my Brother! These are the divine hours when thou art *growing*, like the corn in the moonless, sultry, summer night.

How deftly has Dr. Dieffenbach "drafted" even an old school professor to bear testimony to the truth of Hahnemann's drug pathogeneses. "Prof. Zuelzer, of the University of Berlin, has shown that it (*Ichthyol*) has a remarkable power to check waste, the urinary solids and nitrogenous excreta being greatly diminished; hence, under its administration, the body-weight increases, the income is promoted and outgo lessened." So much for the physiological chemist; but what will the practitioner testify? Dr. Dieffenbach cites again: "Helmer found that it restricted albuminoid disintegration, favored assimilation and supplied fully one-third of its sulphur to the circulation, and was finally excreted by the urine." In other words, it coördinates the supremest of all vital functions: *regulates oxidation*. It will arrest it to a disastrous degree in the healthy, and it will promote it to a beneficent extent in disease; always remembering that "likes are to be treated by likes."

Our remedies do not spring into being like Pallas, from the brain of Jove; we must toil as did our Master; we must bear the "pain, distress and exactions" that counted for little with him, and with these earnest "Alpha Sigs" who are taking up the duties in which the gray-haired "back number" may share now only with his fervent "God bless you!"

We have very poor eyes, and, alas! mine are defying my "Eye, Ear, Nose, Throat and Navel" friends; even the stars in the blue vault are gowing dim to me; but so far as an effete ex-professor

can get a glimpse of *Ichthyol*, it is going to fill a grand niche between *Argentum nitricum* and *Lycopodium*, with capabilities that are not granted to either.

June 3d.

S. A. J.

WAS IT TUBERCULOSIS?

Editor of the HOMŒOPATHIC RECORDER.

Sir: I was somewhat interested in a case of tuberculosis, "The Diagnosis and Cure," reported in the June number of your valuable magazine, by Dr. J. A. Wakeman.

Though I admire the skillful prescribing of a member of the old guard, in these days of advancement in medicine and therapeutics, and especially bacteriology, do the subjective symptoms mentioned show positive evidence that the case was one of tuberculosis? The doctor does not mention the condition of the lungs from examination by the stethoscope, nor the surest and most positive evidence of tuberculosis by an examination of sputa by the microscope for bacilli.

We sometimes have lung symptoms, liver symptoms and kidney symptoms, which are respectively called tuberculosis, disease of the liver and Bright's disease, when we have no organic disease of these organs whatever.

In fact, too many physicians do too much guess-work in diagnosis, which in no wise benefits Homœopathy.

Was there not a possibility of the boy having bronchitis from debility caused by masturbation and hard study, and that the removal of the causes with exercise and hygiene cured the case?

I am firm believer in the homœopathic law of cure, but I can hardly believe that one dose of c.m. potency will cure a case of consumption of the lungs. If such were the fact, and generally known, how many thousands of patients would be rushing to us from all over the land!

In marked and refreshing contrast is the article in this same number, page 259, by Dr. Frohne on the "Importance of Diagnosis," and which will repay careful reading, especially No. II in "Suppuration of the Kidneys," page 260.

I do not write these few lines to bring out any discussion, but for the *new guard* to look out in these times and be careful in diagnosis, so that we may not be open to criticism by our friends or enemies.

Willimantic, Conn.

CHAS. H. COLGROVE, M. D.

NATRUM SULPHURICUM IN LIVER AILMENTS.

By Dr. Mau, Kiel.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, May, 1902.

From the account of the April meeting of the homœopathic physicians in Hamburg we excerpt the following interesting case:

Dr. Mau mentioned a case of disease of the liver which was cured in a remarkably short time. A young woman had a tooth extracted half a year before, which at the time continued bleeding for twenty-four hours. Ever since then she has been sickly and had continually grown weaker. Now she lay in entire apathy and indifference; her eyes were sunken in and her complexion sallow; she could retain no nourishment. She had been treated by an allopathic doctor, who had brought in a specialist in female diseases, who was said to have urged that she be taken to the clinic of the University to be operated, as there was probably a tumor in the abdomen. The woman received *China* 1 and *Natrum sulph.* and by the evening of the next day the danger was passed and in two weeks the woman could again attend to her domestic duties.

Dr. Reuter considers *Natrum sulph.* as a remedy for hæmophilia, *i. e.*, the hæmorrhagic diathesis, where every little wound will continue bleeding and it is almost impossible to check it. He stated that he had such a case, where a woman after being operated for a polypus of the uterus had continued bleeding for a month, and he finally cured her with *Natrum sulph.* 10:200, an allopathic prescription. Since *Natrum sulph.*, according to Schuessler, is a great remedy for the liver, and since this remedy also checked a hæmorrhage that had lasted a month, he assumed that probably there is some connection between the liver and hæmophilia, the nature of which diathesis is not yet quite cleared up, as is well known. The case adduced by Dr. Mau also points in this direction. The woman had an ailment of the liver and was at the same time subject to hæmophilia, for after the extraction of a tooth she had bled for twenty-four hours and was cured by *Natrum sulph.* 3 (1:1000) in a remarkably brief time. It is true that the remedy had been given in alternation with *China*, and this causes the scientific observations concerning the action

of *Natrum sulph.* to be somewhat obscured and disturbed. This is a pity, but was necessary in this case, for we have no right to use the sick bed merely for making scientific observations, but must cure our patients *as quickly as possible. Salus ægroti suprema lex.*

DISTURBANCES IN HEART-ACTION DURING DISEASES OF THE STOMACH AND INTESTINAL CANAL.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,
February 27, 1902.

The influence of diseases of the stomach and of the heart on the action of the heart has been carefully studied by Dr. Singer. In many cases of *ulcus ventriculi* bradycardia has been observed, when the position of the abdominal organs, especially that of the stomach and of the large intestine, has been changed; tachycardia appearing in paroxysms, palpitations of the heart, changes in the fullness of the peripheral vessels, tendency to congestions, etc. Dr. Singer speaks of the lack of rhythm in the heart-action in *habitual constipation* and in *atony of the large intestine*. In consequence of such a state, he has occasionally found in persons otherwise in good health irregularity and actual intermittence of the action of the heart. This intermittence in the action of the heart may appear so striking that it may lead to the supposition that there is an actual disease of the heart. While such continued irregularity in the action of the heart may be endured by most persons without any particular complaint of it being made, this intermittence is perceived most acutely when the continued pauses in the action bring with them a series of the most troublesome sensations, as of the cessation of the heart-beat and of heart-failure. The first two cases were observed by Dr. Singer with two youthful colleagues, both of whom by the attendant symptoms (pallor and bad nutrition), and from the pertinacity of the disturbance, were convinced that they had an organic disease of the heart. His other cases also occurred with youthful persons who, like the two patients first mentioned, had for years been suffering from sluggishness in the action of the intestines. In both these cases he succeeded in removing the disturbance in the action of the heart by emptying the intestines (by means of

calomel or laxatives), combined with anti-sepsis of the intestines (naphthol, menthol). The knowledge of these close relations are of importance to the physician, as the author adds, to protect him against giving too great importance to harmless conditions with seemingly threatening symptoms (*Weiner Klin. Rundschau*, No. 11, 1901).

We, ourselves, have noticed this intermission of the pulse twice in a patient who had for a long time been suffering from constipation. He, however, was suffering at the same time from so many varicose veins so strongly developed on his legs that we seldom find the like with men, and at the same time from extraordinary noises, especially in the left ear, so that there is no doubt that there were with him also disturbances in the circulation. After the action of the intestines had been stimulated with *Nux vomica* and *Natrum mur.*, and they had been emptied, this disquieting disturbance of the heart ceased. *Natrum mur.* has in its pathogenesis the *remittent pulse* plainly developed, and it is said that it is the third beat always which is intermitted. Farrington is inclined to attribute this symptom to the hydræmic constitution of the blood which is caused by chronic poisoning with common salt.

As heart diseases may affect the stomach, so, on the other hand, diseases of the stomach may sympathetically affect the heart. In both cases the Nervous Vagus may be the medium conveying such sympathetic suffering.

REFLEX IRRITATION IN ITS RELATION TO DISEASE.

By E. R. McIntyer, B. S., M. D., Professor of Mental and Nervous Diseases in Dunham Medical College, of Chicago; Neurologist to St. Mary's, of Nazareth Hospital.

The subject of reflex irritation as an etiological factor in different diseased conditions is as broad as human anatomy and more important than much of the so-called modern pathology. It not only teaches the source of many pathological conditions, but points the road to their cure.

Much time and energy have been devoted to the investigation of reflex action since Prof. E. H. Pratt first directed attention to

the so-called official philosophy. But unfortunately each specialist has shown a disposition to contract the whole subject to fit the limits of his particular speciality, unable to see that reflex action can begin elsewhere.

One man thinks defective eyes
Cause disease of every class;
To cure all pains and hush all cries
He only needs to fit a glass.

Another finds that indigestion
Makes us sick from what we eat;
He can cure without a question,
If we eat *his* shredded wheat.

Another in the rectum sees
That on disease *he* has a cinch;
That if we would be put at ease,
He'd cut out that final inch.

Another man of wondrous skill
Proclaims aloud *he's* launched a boom,
In curing every woman's ill,
By simply cutting out her womb.

Another tells us that the mind
Is all the place disease can dwell;
That all there is for us to find
Is how to make man think *he's* well.

"Uric acid," cries another,
"Is the cause of all our ills,
To cure them all in child or mother
Only take *my* lithate pills.

"Appendicitis don't forget,"
Cries Doctor Cut-Em-With-a-Knife;
"*I'll* cut it out, and then you bet
I'll always swear *I* saved your life."

"The germ's the cause of all our ills,"
Says wise old Doctor Bacillus;
"If one and all will take my pills,
Then the little bugs won't kill us."

But still we feel a sense of doubt,
As wearily we plod along,
Because we never can find out
Which one is right or which is wrong.

It may be possible that this picture is a little overdrawn, but it is sufficiently accurate to indicate the untold number of fads that

in these latter days pervade every branch of medical science, as well as the more important fact that an element of virtue is disguised in almost every fad, however difficult it may be for us to discover it.

In a vain search for a short and sure road to the cure of disease, men have announced theories without sufficient or accurate investigation, and arrived at conclusions that are, to say the least, misleading. It is both natural and necessary for the medical man to make deductions from external manifestations. But many deductions published in books and journals are not only logically improbable, but anatomically and physiologically impossible. So we are confronted with statements to the effect that disease in an organ is, by reason of its nerve relations, solely responsible for every other disease known; the writer seemingly oblivious to the fact that reflex irritation may have originated at the opposite end of the nerve, and traveled toward the part to which he devotes special attention.

Because of these false deductions, many men look with suspicion on all claims of reflex influences in the cause of disease. This is as illogical as are the theories of those who claim that all disease results from uric acid diathesis, from eye-strain, or from rectal disease.

In order to arrive at definite and true ideas of these conditions, we must prosecute our researches rather toward establishing truth than proving theories. Hence, we must first ascertain what are the possible connections between the different organs or parts involved in our investigations. So we turn to anatomy and physiology for our enlightenment.

Headache, that hydra-headed monster that is so convenient for many ladies when they do not wish to be annoyed by entertaining their "dearest friend," and whose manifestations are as various and mysterious as are the constituent elements of the famous boarding-house hash, all because they so frequently result from reflex causes.

Some authors have even mapped out portions of the head, and told us that pain located here is from eye-strain, there from uterine disease, yonder from indigestion, etc., etc.

But a somewhat extended experience of some twenty years leads me to the conclusion that such information is about as useful as would be teeth on the eye-lids. In case of headache our first duty is to ascertain whether it results from reflex irritation at

all, and if we are satisfied it does, the location of the pain alone will not tell us whether it is from eye-strain or rectal disease, from decayed teeth or an adherent prepuce, from wax in the ear or ovarian disease. By referring to our anatomy we can easily see how pain in the occipital region can be produced by any of these conditions; and the same may be said of pains in any other portion of the head.

Not infrequently the physician is confronted by persistent spasmodic pains in the intestines. There is scarcely another condition that is so frequently reflex, or that may result from causes located in so many different organs of the body. All pains here are not due to appendicitis.

Since it is so troublesome in some cases, and so prone to yield to no ordinary treatment, it is necessary to remove its cause or our best efforts will fail to cure.

Suppose a case of spasmodic enteralgia, due to eye-strain. How long would it take the indicated remedy to cure it without correcting the errors of refraction? Do you ask how pains in the intestines can be caused by eye-strain? Since sensory impulses do not travel downward in the cerebro spinal nerves, it must go by some other route. We not infrequently refer pain to the periphery from lesions in the cord, but never from the brain. This is the result of education. Therefore, these pains must find a connection elsewhere.

It will be remembered that the radiating fibres of the iris are supplied by the sympathetic nerves from the lenticular ganglion, which receives fibres from the cavernous plexus, this being an offshoot from the carotid plexus, from which we trace fibres direct to the superior cervical ganglion. Thence we have direct connection by way of the cervical and dorsal ganglia and splanchnic nerves to the solar plexus and semilunar ganglia, which send fibres to form the mesenteric plexuses, and from here to "Auerbach's plexuses," lying between the muscular layers of the intestinal tract throughout its entire length. These latter control peristaltic action, and the irritation consequent on eye-strain causes an irregular peristalsis, resulting in pain.

Another set of ganglia, the "Bilroth-Meisner plexuses," are situated immediately beneath the mucous membrane of the intestine, and are derived from the same source. These control the secretions of the bowel. The same irritant produces irregular peristalsis, and pain may cause irregular secretions, either

increased, diminished or defective, that explains the alternate constipation and diarrhœa, so prominent under *Nux. v.*, *Sul.* and some other remedies. But neither *Nux vomica* or *Sulphur* has ever produced irregularities in the shape of the eyeball, and consequently could not cure it or any reflex conditions depending on it for a cause.

Therefore, until we remove the cause we can never cure our patient, even should we select the remedy covering every superficial symptom, real and imaginary.

It is no stretch of the imagination that sees that this same irritation can travel on down through the hypogastric plexus to the rectum, involving its vaso-motors in such a manner as to cause congestion and almost any kind of abnormal conditions there. This may explain why rectal operations fail to cure the disease at times, even when performed by experts. The operating is done at the wrong end of the nerve.

Again, the irritant may start in a diseased rectum and travel upward, causing the same train of symptoms, to finally wind up with cerebral hyperæmia and consequent disturbance in the eyes. Such a case cannot be cured or even benefited to any great extent by attempting to correct the eye-strain.

An irritation consequent on an adherent prepuce or a hooded clitoris may cause epilepsy and other functional brain disturbances in the same way, the irritant traveling over the same road, and possibly producing many disturbances at the different way stations. Epilepsy has been cured by removing this source of irritation with no other treatment. But attempts to cure all cases of epilepsy in this way is doomed to very frequent disappointment, because it is simply routine practice.

Irritable sphincters are not infrequently reflex from disease in some other organ; but the irritation must reach it by another route, for the simple reason that these sentries that stand guard at the orifices of the body receive their motor power from the cerebro-spinal system. So an irritant must reach them over this system in order to produce abnormal conditions, even though it originated in some portion of the sympathetic.

If this paper does no more than emphasize the importance of thorough work in examining patients and accurate interpretation of all the manifestations of disease, its object will be accomplished.

It is not always an easy task to determine what organ or part was first involved; but this does not decrease our responsibility in using all possible means to arrive at correct conclusions.

I have said that rectal or other distant diseases may produce defective vision; but they cannot produce errors in the shape of the eye-ball, although they may produce muscular insufficiency. Therefore, when there are symptoms of eye-strain, and we find some other possible source of irritation, we should test for irregularities in the shape or contour of the eye.

Some men read the manifestations of disease much as they do a story, beginning with the last chapter, and fancying that when they know how the story ends they have the whole plot; when, in fact, they are ignorant of the place it was laid. For this reason not all rectal operations or treatments succeed in removing the conditions for which they are made any more than do circumcision or correcting defective vision.

Briefly we may say:

1. That very many diseases are of reflex origin.
2. Reflex causes of disease are not confined to any location, organ or tissue of the body.
3. An irritant in any organ or tissue of the body may cause trouble in any or all other parts or organs.
4. An irritating impulse may travel in either direction over the sympathetic nerves.
5. We must remove the primary cause before the patient is cured.
6. The best selected homœopathic remedy must fail to remove the symptoms (disease), depending on an irritation while the irritant remains.
7. An irritant may first involve either the sympathetic or cerebro-spinal system and be reflected, so to speak, on the other.
8. Since the primary cause may be far removed from the location of the symptoms, scientific diagnosis becomes absolutely necessary to proper treatment.

70 State street.

WHOM SHALL WE BELIEVE?

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*

Although in Homœopathy we consider internal treatment as always the main thing, there are, nevertheless, cases where the simultaneous local treatment does not always appear superfluous.

Among these may be reckoned gargling in diphtheria, whether we use for this purpose alcohol (Grauvogl), red wine (Dr. Freitag), or *Kalium chlorat.* In chronic ulcers, *e. g.*, in the leg, we may occasionally use medicinal substances such as Hamamelis salve, although in these very cases the internal use of *Belladonna*, *Arsenic* and *Sulphur* is far more efficacious, even if do not take into consideration the fact that such ulcers frequently will not bear any external application, not even the harmless almond oil, cacao butter and other indifferent substances.

The local treatment of furuncles and of carbuncles (anthrax) deserves a separate chapter. The carbuncle is considered to be a formation similar to the furuncle, except that there is a dying off (necrosis) of a considerable body of the subcutaneous connective tissue.

It is quite interesting to note how in this matter the views of the old school authorities are diametrically opposed. I shall here cite two leading authorities and how according to the view of one it would be *contra artem* to act in any other way than that which he directs, while the second regards his way as the only correct one. In a word, these learned men are anything but unanimous.

One of these learned men, Dr. C. L. Schleich, in his work on "New Methods in Curing Wounds" (2d edit. of 1900, publ. by Jul. Springer in Berlin), says:

"It is strange to see how firmly inrooted is the notion of curing furuncular and carbuncular inflammations with plasters. *We consider this method as distinctly dangerous.* It is surely foolish to endeavor to interrupt a process, which is simply intended to eliminate diseased piece of tissue, by artificially damming up the place of issue! The advancement of the process caused by the hyperæmia thus produced is surely more than balanced by the restraint thus put on the secretion. When some colleagues, at least, make a central hole in their sticking-plaster this might seem to exclude any damage, but indirectly the exclusion of the air tends to breed the most virulent bacteria, and it decidedly favors the production of multiple furuncles. In more than a dozen cases that came under my treatment, of *furunculosis universalis*, the sticking-plaster was the origin of new furuncles.

"For if the moist warmth of the skin in those places most subject to furuncles (the axillæ and the peritonæum) is added, these spaces between the folds of the skin and the plaster become real caves for the micro-organisms, and instead of providing ways and

means of driving them away from the skin these plaster-fiends provide most comfortable dens for them." The same author adds: "All resinous, sticky substances for the skin, including also the India-rubber plasters and the gauze-plasters, are an abomination to me, as I have seen so many ill effects in the patients, who, for the time, are generally averse to the use of water."

Thus proclaims—Zarathustra—Scheich.

But now: *audiatur et altera pars* in the person of highly esteemed Prof. Dr. Edmund Lesser, who has also a vast experience, especially in Syphilidology. In his classic *Manual of Diseases of the Skin and of Sexual Diseases* (9th ed., p. 192) he says:

"The therapy (of the furuncle) has first of all to endeavor to remove the internal causes, if there are any such. But simultaneously with this endeavor, and in the greater number of cases exclusively, the *local treatment* is most important. When there is an extensive formation of pus in the center of the furuncle, laying this open with a cut will considerably shorten the painful period and hasten the cure. But, in general, *we would warn against a too eager incision of the furuncle*, as it usually by no means shortens the duration of cure; on the other hand, the application of warm fomentations is much to be recommended. But the most important point is *to prevent friction* by the clothing. This is best affected by covering the furuncle with an indifferent plaster (*Emplastrum saponatum*) applied on soft leather (*Empl. adhæsivum Americanum*). In moderate pains these are at once relieved on covering the furuncle. Infiltration and inflammation quickly diminish, and after the secretion of a little pus the cure is affected."

"It is of especial importance that the furuncle should be thus treated at the very beginning of its formation, and that the patients form the habit of covering with plaster even the least nodule thus forming."

Now, which one of these great authorities should we believe? The one totally rejects the plaster-therapy, the other cannot apply it too soon. Dr. Schleich at once appeals to the knife, while Prof. Lesser gives it to be plainly understood that the cutting short of its duration by the knife is mostly an illusion.

It will be difficult to settle the point by statistics. A radical position would be probably incorrect. Cases will have to be individualized. There are furuncles enough causing little or no pains, such as were formerly called cold abscesses. Such natures without reaction require a different treatment from the eretic, morbidly irritable individuals.

We mentioned *Belladonna* and *Silicea* as remedies hastening the maturity of furuncles; *Hepar* and *Mercurius sol.* belong to the same category.

Prof. Lesser's therapeutic observation on the *curative effects of Arsenic* are worthy of note. *Arsenicum* is a genuine homœopathic remedy in this case, as the pathogenesis of this great constitutional remedy shows furunculosis as may be seen from the

careful monograph of Prof. Imbert-Gourbeyre on "*L'action de l'Arsenic sur la peau*" (The Action of Arsenic on the Skin).

Dr. Lesser remarks: "In quite a number of cases of obstinate furunculosis I have seen a strikingly favorable result from the internal use of *Arsenic* (Sol. Fowlerii θ , 5 to 1.0 prodic). Difficult as it may be to give an explanation of this fact"—Homeopathy, as we see, gives the key—"the results of this treatment were so striking that I would presume to exclude any doubt as to its efficacy."

We perfectly agree with this conclusion; we only doubt the necessity of Lesser's large doses. There is no need of giving 0.5 to 1 gramme of the solution of *Arsenic*. Unprejudiced experiments will show that incredibly small doses suffice for a cure. Even the Levico Springs, containing *Arsenic*, suffice for a cure.

TRISMUS NASCENTIUM CURED BY CHLORAL HYDRATE.

By Dr. R. C. Mitter.

On the 6th of January, 1902, I visited Babu S. C. Gupta's child, six days old. When I saw her I was quite amazed to find her in such a state, as if her life was ebbing away. The whole body engaged in tetanic rigidity, fits coming on at very short intervals, mouth could only be slightly opened, deglutition very difficult, lockjaw being prominent. Respiratory organs spasmodically affected, hands and legs twisted together. Her father lost all hopes of her recovery. I at once had her wrapped with flannel and brought in. Gave *Belladonna* 6x every three hours.

On the following day I went again and saw her doing slightly better. The awful symptoms of death had subsided. The twisting of hands and limbs remained unchanged. The child could suck milk, but not so when applied to the breast. The lockjaw was not yet gone; the fits were coming on at longer intervals. No urine whole day this day; severe constipation; whistling noise in the larynx. I gave her *Cuprum met.* 6x, but this had only partial effect on her, and on the 10th, seeing that there had been no marked improvement, and knowing that the distressing and depressing influence on the brain, respiratory organs and nervous system were due to entire exposure to cold and rather neglect of rule following child-birth, which the Indians are susceptible of in a percentage of 90, the trismus nascentium represented to me to be one that called for *Chloral hyd.* to be the best indicated remedy. I prescribed the 6x. The result was miraculously satisfactory, as on the tenth day, the patient found to be in natural humor, jolly, limbs perfectly, play and in laughing mood. A dose of *Angustura* 30c had to be given to remove the spinal irritation entire, which appeared before the *Chloral* had been taken into use.

Bengal, 27, 2, '02.

BOOK NOTICES.

A Manual of Otology. By Gorham Bacon, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by Clarence J. Blake, M. D., Professor of Otology in Harvard Medical School, Boston. New (3d) edition. In one handsome 12mo volume of 437 pages, with 120 engravings and 7 plates in colors and monochrome. Cloth, \$2.25, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York.

The third edition of a book is a fact that always speaks well for its contents. This book is compact, handsomely illustrated with black and colored plates, well printed and bound. The author has given "sufficiently full consideration to those diseases of the ear with which the student or practitioner will frequently meet to enable them to understand the conditions and apply the appropriate treatment." Dr. Bacon is almost too modest in this statement, for his volume should interest specialists as well. He has conscientiously revised it, both in text and illustration, to reflect the latest and best in its subject.

Vital Economics: "Passive Murder." By Petrie Hoyle, M. D. 16 pages. \$1.50 per hundred. Philadelphia: Boericke & Tafel.

This is one of the strongest "missionary" pamphlets that we have ever seen. It takes its text from *The Lancet* of 1851, when that journal suggested that should any death occur in the London Homœopathic Hospital it would be well for the coroner to enquire whether some one had not been "guilty of manslaughter at least," or "passive murder." Dr. Hoyle calmly goes over the ground and concludes as follows:

"Counter question: In view of the greater percentage of deaths than need be occurring in your army and civil hospitals, asylums and families, when under allopathic treatment, as we have shown, if only you employed Homœopathy, and not allopathy, would it not be proper that the Coroner should inquire why you neglect to study and employ this homœopathic precaution, which is shown prolongs life; and, furthermore, let the Coroner, if I cannot, show you that someone is guilty of manslaughter, at the least, or 'passive murder'!"

The publishers will send a free sample copy to any physician who may feel like buying these pamphlets for circulation in his neighborhood. They will certainly open the eyes of all who read them.

The Eclectic Practice in Diseases of Children. For Students and Practitioners, by William Nelson Mundy, M. D. 12mo. 631 pp. Cloth, \$2.50 *net*. The Scudder Brothers Co., Publishers. Cincinnati, O., 1902.

If any one wants the latest eclectic book on the diseases of children this is the one to get. It is divided into three parts: I. "Infantile Therapeutics." II. "Care and Management of Children." III. "Diseases of Childhood." To an old line homœopath the dosage seems rather strong for infants, running almost invariably from 5 to 10 drops of the tincture in water. The book is rounded out with a very good index.

The Composite Man. As Comprehended in Fourteen Impersonations. By E. H. Pratt, A. M., M. D., LL. D. Third edition. 233 pages. Cloth, \$1.50.

The third edition of this book comes in much handsomer shape than the two previous editions. The subject matter has been revised, but no radical changes have been made. Each of the fourteen men is illustrated, some in color.

The "Presidential Address" delivered by Dr. Wm. Boericke at Del Monte, California, before the California State Homœopathic Medical Society at its twenty-sixth annual session, is a strong, sensible and homœopathic oration. It is plain from its tenor that Homœopathy is not "dying out" on the Pacific Coast. The address has been reprinted in neat pamphlet form.

Practical Medicine. By F. Mortimer Lawrence, A. M., M. D. As a student's book "Lawrence Practical Medicine" is unsurpassed. There is nothing in homœopathic literature, designed for student or practitioner, that is superior to it for clearness of expression upon the fundamental principles which are necessary for the successful practice of medicine. It covers the whole range

of diseases, in classified form: Infectious diseases; diseases of the circulatory, respiratory, urinary, digestive; of the blood; the ductless glands; constitutional diseases; the nervous system; the muscles; the intoxications, and animal parasitic diseases, are severally treated in a brief but comprehensive manner that is refreshing to a homœopath. Every homœopath who has the courage of his convictions, every student who expects to become a homœopath, should own "Lawrence Practical Medicine."—*Medical Councillor*.

Norton's Ophthalmic Diseases and Therapeutics.

From a book upon the homœopathic therapeutics of eye diseases "Norton" has grown to a fairly large and exhaustive treatise upon ophthalmology. To the writer of the book before us belongs the credit of rounding up the work so opportunely begun by his brother, Dr. Geo. S. Norton, and Dr. Timothy F. Allen, two gentlemen whose names will remain ever green among the disciples of Hahnemann. The present volume ranks alongside the best product of the Old School in this particular field, and the author of this notice joins Dr. Norton's many friends in bespeaking for this last still greater appreciation from the profession.—*Medical Councillor*.

Hay Fever and Catarrh of Nose and Throat. By E. B. Fanning, M. D.

This is a practical little work of 170 pages devoted to the subjects in question. Part first is devoted to hay fever, and is illustrated by numerous cases. The treatment is the most important part of the work; but considerable space is given to the etiology. In the work many new ideas as to remedies will be found, and good ones, too, apparently. They should be tried and confirmed, for to take any man's dictum on best remedies in hay fever is apt to result unfortunately. Still, the indications given by Dr. Fanning bear the impress of careful study and deduction, as well as of plausibility. If, as the doctor asserts, hay fever is due to an acid in the blood, then the indications will point to the remedies he suggests. The evidence in favor of *Mercurius corrosivus* being a prime remedy is apparently well founded. We miss *Naphthaline* and *Artemisia* from the list—but this is an original work and gives the author's ideas and investigations, and we must not complain. It is a good book. Especially does it show the value of some of the tissue remedies in hay fever, and these on good homœopathic indications, too.—*Medical Century*.

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EDITORIAL BREVITIES.

LEARNING WISDOM.—“You never learn financial wisdom,” remarked a frosty-headed doctor, “until your hair begins to turn, and not always then. If I'd have been satisfied with four per cent. bonds I'd have been on velvet to-day. As it is, I have plenty of ‘stock,’ but no market for it. When you have a dollar to spare cinch it in an absolutely safe investment. Don't seek big dividends; stock that is really valuable is not hawked about. Be satisfied with safety and 4 per cent.” Not bad advice.

COMBINATION TABLETS.—There were many private expressions of opinion on these tablets at Cleveland, and those opinions were almost unanimous in denouncing them as the ruination of young practitioners. “It doesn't take the public long to get onto the fact that a doctor is prescribing ‘headache tablets’ for every case of headache, or ‘rheumatism tablet,’ etc., etc., and they buy them direct, thinking it useless to pay a doctor's fee for what they can get without it. Let them alone.” This was only one of many charges against this factory form of prescriptions.

AN INTERESTING INQUIRY —Dr. Von Heyer, of Berne, Switzerland, writes: “Pray, what is the newest experience with diphtheria serum in America? At Paris I heard that the serum was not doing as good work among the allopaths as was in the past claimed for it.” It is too knotty a problem for the RECORDER to solve. One set of men say positively that all the medicinal properties of the article are contained in the antiseptic with which it is preserved, and others affirm the contrary. The pathogenesis of carbolic acid certainly points to the conclusion that it is an important remedy in the condition known as “diphtheria.” It may be that the varying results from serum is due to the varying of

the preservative, and also to the animals from which the blood is taken. Who knows?

"ORGANOTHERAPY."—Dr. Mau, of Kiel, has a rather heterodox paper in the *Monatsblätter* for April under the above heading. In brief, to an intractable case of liver disease he finally administered "the 6th potency, then the 30th of a sound liver from a rabbit. Then slowly, not rapidly, all disagreeable symptoms vanished." To a patient "almost mentally dead" he prescribed the 4th potency of the brain of a sound calf just killed, giving four doses a day. When the patient had taken this remedy for two weeks, suddenly a total change took place, and she recovered rapidly. "The patient had been mentally unsound for a long time. Afterwards there was a relapse which was permanently cured with a high potency of the same remedy. Also I have repeatedly cured chronic inflammation of the kidneys of long standing and which would not yield to other remedies with potentized healthy kidneys." Gentle reader, before you flout this recall *Thyroid!*

A POSSIBLE HAY FEVER REMEDY.—In "a proving of *Ichthyol*" conducted by Wm. H. Diffenbach, M. D., *Alpha Sigma*, May, it is stated that "Hay fever symptoms were also prominent in the proving of the drug, and its application in this intractable affection is awaited with interest, local applications of *Ichthyol* having been used by a number of physicians in cases of hay fever with quite satisfactory results." Sneezing and running at the nose whenever the drug was taken was a very prominent symptom among the provers.

"HE WHO RUNS MAY READ."—"I certainly would not have entered upon so ungracious a task as that of 'warner-off' had it not been from a sense of duty. A promotor said recently that it seemed 'almost a shame to tackle doctors; they were so dead easy that it was like reaching in and taking the money out of their pockets.' It was this remark which induced the preparing of the paper itself."—*Heysinger in the Medical World*.

CAN SUCH THINGS BE!—Just as we have been comfortably assured that "by no possible means" can tetanus be conveyed by vaccine virus, here comes Dr. Huddleston, N. Y. Academy of Medicine, with this conclusion (among six others): "3. Any form of vaccine (dry points or tubes of glycerinated virus) may be infected with tetanus and may convey it."

COMPULSORY VACCINATION.—Dr. W. P. Wesselhoft has some vigorous utterances in the *Hom. World* for May against that relic of the dark ages, *compulsory* vaccination. Among other things he says:

“The law as it stands on the statute books is an outrage against personal rights. It delegates to a salaried body (which originally was instituted to protect citizens of this Commonwealth against filth diseases) a right to enter houses, backed by policemen, club in hand, and to compel protesting citizens to submit their persons to wounds and the introduction of an artificial disease. In our eyes this is too much like a bit of ‘paternal government,’ a plant imported from foreign countries ruled by tyrants, with its ugly roots at present defiling the the free soil of Massachusetts.”

“England, indeed, our so-called mother country, has a law which respects the sanctity of an individual’s body, and protects homes against the insolent invasion of itinerant vaccinators.”

“Our protest, however, is not against vaccination, *but against compulsion in vaccination*—it is a plea for individual liberty.”

“On so momentous a subject as this the minority have a right to be heard, and our protest against a personal outrage is entitled to respectful consideration.”

“In the history of medicine we find many instances of arbitrary assumptions, based upon theories, which have had their right of way for many years, yes, centuries. These false theories, while upheld by the majority, have been combated by the minorities, who were generally considered, by their contemporaries, to belong to the great category of cranks. But as time went on these dissenters, with the assistance of the thinking, common people, were able to creak down the fine-spun theories of so-called science.”

“There exists to-day a strong and intelligent minority among physicians, scientists and the people, against *compulsory* vaccination. So long as the question is an open one, represented on both sides by investigators, the least we can demand is that both sides should have their rights of personal freedom secured.”

PERSONAL MENTION.

IN May RECORDER we mistook one of our reporter's "9" for a "G," and hence Dr. Ralph I. Lloyd's address was given as 450 G street instead of 450 9th street, Brooklyn, N. Y., which is the correct address.

Dr. H. B. Broesser, late resident physician of the Flower Hospital, New York City, has located at 1116 Washington avenue, Hoboken, N. J., where, with his experience, he will easily be successful.

No charge for this advice: *Always have your name, address and office hours printed on your letter heads.*

Married on April 29th at St. Luke's Church. Dr. E. Kingsland Johnson and Miss Maybelle Williamson. Dr. Johnson has opened his office at 126 East 128th street, New York City.

Dr. W. H. King is Dean, Dr. G. W. Roberts, Secretary, and Dr. W. H. Bishop, Registrar, of the New York Homœopathic Medical College.

Dr. Elias C. Price, of Baltimore, departed this life on Monday, June 16th. Dr. Price was graduated from the University School of Medicine, Maryland, in 1848.

Dr. Thomas Wildes, 610 Lexington Avenue, New York City, has been appointed Medical Inspector of the Board of Health of that city, after taking the civil service examination. There were 1,000 physicians who took the examination, and only 157 passed. Dr. Wildes is a man of experience, having practiced in the West Indies and Central America, and also a man who isn't afraid to fight for Homœopathy.

Dr. E. Mather has enlarged his borders by removing from Birmingham to Detroit, Mich., where at No. 80 Park Place, between Clifford street and Grand River Avenue, he is prepared to meet his friends.

Messrs. Boericke & Tafel's pharmacy, at 44 East Madison street, Chicago, had a narrow escape from fire on June 28th. Fortunately the employees, with the aid of the Insurance patrol, were enabled to protect the stock from water, and about the only things that got a wetting were the vials and some of the books. Business goes on as usual.

Dr. J. W. Thomson has removed his office to 205 West 56th Street, New York City. Dr. Thomson is author of *Philosophy of Homœopathy and Correlated Subjects*, a genuine Homœopathician, and was one of the friends and associates of Hering, Raue, Lippe and Farrington. His specialty is chronic diseases.

Dr. W. B. Boggess, of Philadelphia, was called West of the Alleghenies twice recently in consultation.

Since the separation from the Eastern pharmacies of the same name, the Boericke & Runyon Co., of 231 Sutter Street, San Francisco, California, have taken the sole agency for Boericke & Tafel's publications, medicines, etc., for the Pacific Coast.

Dr. Wm. Francis Honan will, as usual, be at "The Matherson," Narragansett Pier, R. I., during July and August.

After eighteen months' service at the Metropolitan Hospital, Blackwell's Island, Dr. F. W. Cornwell has opened an office at 700 West End Avenue, New York City. Dr. Cornwell is a graduate of New York Homœopathic College, 1900, and a very competent man.

Dr. Charles E. Young, formerly of the Townsend Building, 1123 Broadway, New York City, has removed his office to 165 Lenox Avenue, in order to attend to his large and increasing uptown practice.

Since his removal to 1621 Chestnut Street, Philadelphia, Dr. C. S. Raue, author of *Diseases of Children*, the most up-to-date book of the subject, has very decidedly increased his professional business.

Dr. A. B. Norton, needless to add, author of *Ophthalmic Diseases and Therapeutics*, has accepted the professorship of *Ophthalmology*, in the New York Homœopathic College.

Dr. Clifford Mitchell, of Chicago, promises a third edition of his *Urinary Analysis* by the time the colleges open. Boericke & Tafel will publish it.

PERSONAL.

When you try to sell your "stock" you discover its value. Several have. It is said that they have found most of the popular jokes on the Assyrian cylinders.

Dr. Chaslin says the poetic talent is hereditary and Dr. Galton says it isn't. We think it is catching.

How Schuessler would have "cussed," in polite "high German," to have seen his tissue remedies, and cheap wine, masquerading as a "tonic!"

Vital Economics: "*Passive Murder*" is a pretty strong "missionary."

The Lancet warns the world against smoking and drinking. Seems we've heard that warning some time in the past.

One of our "regular" exchanges has seven homœopathic drugs on one page. No credit.

According to Jenner the vaccine lesion to be genuine must resemble "a section of a pearl on a rose leaf." A big gob of a sore, therefore, is spurious vaccination.

Why do the Christian Scientists take money? It is matter and there is no such thing as matter.

No, Mary, removing the appendix of a book will not cure its badness.

Dr. H. D. Fair says that *Verbena hastata* θ is almost a specific for epilepsy.

One of the best remedies for severe congestions is *Meliloius* ix; it cures congestions in any part of the body.

And now the doughty reformer sees disease and death in the seductive rocking-chair.

Get a quotation—if you can—on the *cash* value of your "stock;" several have tried it with wierd results.

There are more suicides in June than in any other month.

They say the St. Louis Ananias has surpassed all his former records. And we guess "they say" true.

True, Mary, the man of ninety who never smoked may in the future.

The Cleveland meeting of the Institute was a success.

Dr. J. P. Cobb is next President. A good selection from several good men.

The "souvenir" of the Gynecological Section I. A. H. Cleveland, 1902, is a fine bit of work.

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HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Twenty-fifth Annual Session.

The twenty-fifth session of the American Institute of Homœopathy was held in Washington.

The preliminary meeting was held at the residence of T. S. Verdi, M. D., on Monday evening, May 20, 1872. A large number of members were present, many of whom had ladies with them, while among the distinguished guests were Governor Henry D. Cooke, Senators, Representatives and quite a company of prominent gentlemen of Washington. The company was received by Dr. Verdi and his wife, who provided bountiful refreshments, and exquisite music. The evening passed in a very enjoyable manner.

The Institute began its regular session at 10 o'clock on Tuesday morning, May 21, in Lincoln Hall, with the President, I. T. Talbot, M. D., in the chair. The Rev. Dr. Sunderland, of Washington, offered prayer for the Institute and its members.

T. S. Verdi, M. D., Chairman of the Committee of Arrangements, delivered the welcoming address, and referred to the vicissitudes through which Homœopathy has passed to reach comparative freedom in the Capital City of the land of freedom, to which he bade the Institute a hearty welcome. President I. T. Talbot, M. D., delivered the annual address. Dr. Talbot referred to the very extensive growth of the Institute from the time when it held its session in the same city, fifteen years before. Then it was but a small Society of about three hundred members. now more than a thousand had enrolled their names and become active members. Then they met as men convinced of the right, but neither looking

nor hoping for any recognition. Now a kindly greeting awaited them from any city in which they chose to meet. Even the executives of the nation extended a kind hand toward the growing power of a grandly increasing profession.

The transactions of the association in those days could be reported in a small pamphlet, now four or five hundred pages were required to tell of the proceedings of a single session. Two days had been quite adequate for the work that now required four days of constant application. Dr. Talbot showed that the Institute had made greater progress in the last year than in any previous year. The decision against Dr. Van Aerman had awakened the interest of the Government, and secured, for Homœopathy, recognition as a profession, which could never again be thrust aside by opposing practitioners. Political equality, affecting social status, had at last come forth in favor of the new school and gave it its proper place beside the other branches of the same art. The speaker then referred to the rapid advancement of the Hahnemannian doctrine in the United States, east, west, north and south. State and county societies, hospitals and dispensaries were being established and supported by the ardent followers of that noble doctrine of cure for diseases. In speaking of this increasing popularity Dr. Talbot referred to the violent opposition against which Homœopathy had to contend in Boston as late as 1871. The antagonism became so pronounced and vindictive that the cause was materially aided instead of crushed out of existence, just because the fierceness of the attack against it aroused attention and then sympathy. Not only this but citizens who had been patronizing the new school sub rosa, came forth and boldly proclaimed their belief. With great surprise the "regulars" made the discovery that thousands of people in their classical city had for years been under the medical care of Homœopathy. This led to the establishment of a homœopathic hospital in Boston, with other important organizations forming under the same supervision, all of which was brought about by eight strong, self-confident men against a medical society of fully fourteen hundred members.

Dr. Talbot told also of wonderful progress in Germany, England and France, and dwelt upon the loss the school had sustained in the death of Professor Henderson, of Edinburgh, Scotland, who died on April 1, 1872. Professor Henderson was one of many who stood firm to the Hahnemannian belief through anamadversion, calumny and actual persecution. Homœopathy

honored him for his noble character and his firm adherence to the right. Dr. Talbot spoke of the extension of the science even to Asia, Africa and the islands of the Southern seas, predicting that it would yet go hand in hand with Christianity until they both encircled the whole wide world. He continued his remarks by referring to the different bureaus and their responsibilities, and exhorted them not only to continue in the grand work but to spread out and obtain more and more information toward enhancing the usefulness of the respective departments, and so securing for Homœopathy a sure and immovable foundation. He exhorted the fraternity to unfailing effort in securing the very best medicines and proving them faithfully for the curing of the sick and giving health and happiness to the thousands who look to the profession for those greatest boons. By such faithfulness to duty the "American Institute of Homœopathy" would be held and cherished both by its members and the community which its offices have benefited.

On motion of Drs. J. P. Dake and L. D. Packard a committee, consisting of Drs. J. P. Dake, R. Ludlam and George W. Swazey, was appointed to take action on the President's address.

The Chair also announced the appointment of the committee on Credentials, composed of Henry M. Smith, M. D., of New York; W. M. Williamson, M. D., of Philadelphia; H. B. Clarke, M. D., New Bedford, Mass.; T. P. Wilson, M. D., Cleveland, O.; R. F. Baker, M. D., Davenport, Iowa; T. L. Brown, M. D., Binghamton, N. Y.; and R. C. Moffat, M. D., Brooklyn, N. Y.; and the Auditing committee, consisting of L. E. Ober, M. D., La Crosse, Wis.; C. B. Currier, M. D., Middlebury, Vt.; J. H. McClelland, M. D., Pittsburg, Pa.; W. E. Freeman, M. D., Wilmington, N. C.; and F. Woodruff, M. D., Ann Arbor, Mich.

Reuben Ludlam, M. D., reported the loss of the transactions of the previous session in the Chicago fire, but that by good fortune much of the original copy that had been thrown in the waste basket as it was printed, was rescued and a tolerably good report would soon be finished and forwarded to Washington for distribution.

Conrad Wesselhoeft, M. D., chairman of the Bureau of Materia Medica, Pharmacy and Provings, being absent, the report was presented by Carroll Dunham, M. D., who explained that the short time he had had the papers would prevent him making the

report as he would wish, and he would therefore name the papers as follows:—"Fragmentary Proving of *Cimicifuga Racemosa*," by T. Bacmeister, M. D., of Toulon, Ill.; "A Clinical Report of the Action of *Ustilago Maidis*, by the students of Hahnemann Medical College, Chicago," presented by T. S. Hoyne, M. D., Chicago; "Fragmentary Proving of *Podophyllum Peltatum*," by S. A. Moore, a student of Hahnemann Medical College, Chicago; "Study of *Hepar Sulphuris Calcareum*," by Alfred K. Hills, M. D., New York; "Accidental Proving of *Hepar 55m*," by Wm. Gallupe, M. D., Bangor, Me.; "Electro-Magnetism in Relation with Homœopathy," by J. H. P. Frost, M. D., Danville, Pa.; "An Appeal for Publication of a Complete *Materia Medica*," by William E. Payne, M. D., Bath, Me. This paper was accompanied by the following resolution, offered by Jas. B. Bell, M. D., and adopted by the Maine Homœopathic Medical Society:

"Resolved, That in the opinion of this Society there should be an immediate publication of a full and complete homœopathic *Materia Medica*, and that such a one will meet the active encouragement of this Society and the profession, and that Dr. Payne be requested to forward a copy of this resolution to the American Institute of Homœopathy, with the appeal which he is about to make to that body."

The report of the Bureau of *Materia Medica* on the resolution concluded that the publication of such an elaborate book would involve not only great expense but very considerable work. It also advised deferring such publication until the practicability of re-proving the remedies and separating the good and the spurious, the characteristic from the common, in the vast collection of drug symptoms already obtained.

Carroll Dunham, M. D., presented a paper on "Certain Generalizations Admissible in the Study of *Materia Medica*," and a report was made on Resolutions Concerning Alcoholic Beverages, presented at the twenty-fourth session of the Institute by A. S. Ball, M. D., of New York.

J. P. Dake, M. D., offered this resolution, which was adopted:

"Resolved, That the Bureau of *Materia Medica* be instructed to consider and submit at the next meeting of the Institute a plan for a more thorough and proper proving of remedies and notation of symptoms for use under the homœopathic law; such as shall exhibit the comparative value of the various symptoms elicited as

well as their full range in the male and female organism, observed by all the improved means and tests of modern science."

The papers caused much discussion. D. S. Kimball, M. D., of Sacket's Harbor, N. Y., inquired of Dr. Dunham if the *Ustilago Maidis* that had been proven was foreign or domestic, and from what kind of corn it had been procured, expressing the opinion that it was important to know because he had experienced considerable pain by eating honey procured from the wild bees of Cuba. Therefore, he said that the Cuba honey should be proven as well as that from our common bee.

Dr. Dunham replied that he did not hear it stated whence the *Ustilago* was obtained, but that hereafter in his opinion no proving should be accepted by the Bureau unless the source from which the drug came and the manner of its preparation were also submitted.

Dr. Ball's resolution on the use of Alcohol next called forth much discussion. It was finally decided to substitute a declaration of the Institute on the use of Alcohol, which was adopted as follows:

"In view of the great prevalence of intemperance in the use of Alcohol, and of its disastrous effects upon the individual and the community, the American Institute of Homœopathy *declares* that no medical practitioner should prescribe Alcohol without a grave sense of responsibility; that Alcohol in whatever form should be prescribed with as much care as any powerful drug; and that the directions for its use should be so framed and so explicit that they could not be interpreted as a sanction for excess, or for the continuance of its use when the occasion which induced its prescription shall have passed."

After discussing other important papers the Bureau closed and the Bureau of Clinical Medicine made its report through S. M. Cate, M. D., who presented his own paper on "Typhoid Fever." "Meningitis, Cerebro-Spinalis," by S. Lilienthal, M. D.; "Ulceration of the Stomach," by A. K. Hills, M. D.; "Cerebral Congestion," by George S. Norton, M. D.; "Clinical Report," A. Berghaus, M. D.; "A Case of Inguinal Hernia," by S. H. Worcester, M. D.; "The Practical Results of Homœopathic Treatment," by E. M. Kellogg, M. D.; "Clinical Report," by William Gallupe, M. D.; "Hints for the Propagation of Cowpox Virus," by Bushrod W. James, M. D., and "Radical Cure of Colic from Gall Stone and Other Causes," by David Thayer, M. D.

These papers elicited some arguments, particularly the one referring to colic and gall stone, and Dr. James' paper on cowpox virus.

On the morning of the second day the members attended a reception held by the President of the United States at the White House, after which they returned to business at 11:30 o'clock, with Dr. Talbot in the chair. Pemberton Dudley, M. D., moved that the general order of business should be suspended to hear the report of the Committee on International Homœopathic Congress.

Constantine Hering, M. D., chairman of the Committee, being absent, Carroll Dunham, M. D., presented the report of the Committee. The report, having expressed the opinion that it would benefit the interests of Homœopathy and show to the world how far the science had prospered to hold an International Congress, and that no better time than that which commemorated the birth of freedom could be selected, the following resolutions were presented by the Committee and adopted:

"Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called the 'World's Homœopathic Convention,' be held in Philadelphia in 1876, on the occasion of the celebration of the Centennial anniversary of American independence, and that the Institute hereby invites the co-operation of all homœopathic societies, institutions and physicians of the United States.

"Resolved, That at the present session of the Institute there be appointed, by the President, a Committee of Arrangements, to consist of one member from each State, represented in the membership of the Institute, and that the Committee thus appointed may appoint one additional member from the physicians of each State represented, and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee, to attend to the local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organizing the Convention, determining the nature and order of the proceedings, and securing from it the best results for the cause of Homœopathy. It shall present a full report of its proceedings at each annual session of the Institute."

On motion of Pemberton Dubley, M. D., the President of the Institute, I. T. Talbot, M. D., was appointed the Massachusetts member of the Committee on the World's Homœopathic Convention.

Regular business was then taken up. The report of the Board of Censors announced seventy applicants for admission to the Institute as eligible to election. Among these were ten women. The report was excepted and the ladies and gentlemen were unanimously admitted to membership by vote. The resignations of Jacob Beakley, M. D., and G. D. Beebe, M. D., were read and accepted with the proviso that their dues were paid in full.

Dr. Talbot read a telegram from the Secretary of the Illinois Homœopathic Medical Association sending—"Fraternal greeting from the West—Homœopathy, Scientific Medicine—Excelsior."

Signed,

T. C. DUNCAN, M. D.

J. P. Dake, M. D., introduced a resolution, which was unanimously adopted.

"*Resolved*, That while in common with all scientific bodies interested in the gathering and diffusion of knowledge useful to mankind we heartily express our thanks to Congress for devising and to the signal service of the army for carrying into execution, the simultaneous observance of certain atmospheric conditions and changes in the different parts of our country as a basis for a rational philosophy of the weather and a successful mode of predicting storms, for the protection of commerce and agriculture, we do most earnestly desire and ask for an extension of the scope and means of observation, so as to note also the electrical states of the atomosphere, together with the prevalence of epidemics and contagions in various places and at different times that we may the better understand their causes and anticipate their dreaded coming."

The report of the Bureau of Obstetrics and Diseases of Women and Children was presented by Reuben Ludlam, M. D., Chairman of the Bureau, who announced the papers as follows:

"Puerperal Eclampsia and Catalepsy," by O. B. Gause, M. D., Philadelpia; "Auxiliary Treatment of Uterine Hemorrhage," J. H. Woodbury, M. D., Boston; "A Case of Puerperal Convulsions," R. B. Rush, M. D., Salem, Ohio; "Corroding Ulcer of the Womb," S. S. Lungren, M. D., Toledo, Ohio; "Uterine and

Ovarian Tumors," A. B. Smith, M. D., Geneva, N. Y.; "Puerperal Convulsions," O. P. Baer, M. D., Richmond, Ind.; "Puerperal Mania," J. C. Burgher, M. D., Pittsburg; and "Inversion of the Uterus," A. R. Thomas, M. D., Philadelphia.

At the evening session W. M. Williamson, M. D., presided, as the President and Vice President were both absent. Several of the Bureaus having no representatives present, Dr. Ludlam moved that the preamble and resolutions then in the hands of the Secretary should be read. The motion was carried and the following preamble and resolutions were read and adopted:

"WHEREAS, Our fellow member, S. J. Bumstead, M. D., is about to visit Europe to spend a year amongst the medical institutions of the Old World; therefore,

"Resolved, That the Secretary be and is hereby directed to furnish him with a circular letter from the American Institute of Homœopathy, certifying to all homœopathic physicians and homœopathic societies of Europe his good standing in the Institute, conveying by him fraternal greetings from the Institute, and inviting co-operation in the World's Homœopathic Convention to be held in Philadelphia in 1876."

This was followed by a prolonged discussion upon several of the papers of the Bureau of Obstetrics.

The Committee on Foreign Correspondence made its report, in which it stated that there was nothing from the South American or West Indian Correspondents, the vicissitudes of Civil War preventing attention to the subject. The Island of Jamaica was suggested as a fine climate for winter sojourning of invalids. It was also announced that Dr. Houard, one of the colleagues of the Institute, after a long imprisonment in Havana, had been restored to liberty through the intervention of the Government of the United States. Letters giving favorable accounts of the prosperity of Homœopathy came from many parts of Europe, and keen sorrow was expressed at the death of Professor Henderson, of England, and Dr. Veit Meyer, of Leipsic, editor of the *Allgemeine Hom. Zeitung*, the oldest homœopathic journal in the world.

The Bureau of Medical Literature was closed, having no report to render.

The Committee on a Homœopathic Dispensatory reported favorably on the work, and hoped to have it completed and in the hands of the publishers during the year.

President I. T. Talbot, M. D., reported his appointment of the Committee on the World's Homœopathic Convention as follows:

William E. Payne, M. D., Maine; J. H. Gallinger, M. D., New Hampshire; G. N. Brigham, M. D., Vermont; I. T. Talbot, M. D., Massachusetts; J. C. Budlong, M. D., Rhode Island; G. H. Wilson, M. D., Connecticut; Carroll Dunham, M. D., New York; J. J. Youlin, M. D., New Jersey; J. C. Burgher, M. D., Pennsylvania; A. Negendank, M. D., Delaware; F. R. McManus, M. D., Maryland; T. S. Verdi, M. D., District of Columbia; J. V. Hobson, M. D., Virginia; W. E. Freeman, M. D., North Carolina; F. H. Orme, M. D., Georgia; W. H. Holcombe, M. D., Louisiana; A. Walker, M. D., Arkansas; J. P. Dake, M. D., Tennessee; W. H. Hunt, M. D., Kentucky; T. G. Comstock, M. D., Missouri; S. R. Beckwith, M. D., Ohio; O. P. Baer, M. D., Indiana; R. Ludlam, M. D., Illinois; F. Woodruff, M. D., Michigan; L. E. Ober, M. D., Wisconsin; G. N. Seidlitz, M. D., Iowa; J. F. Alley, M. D., Minnesota; W. H. H. Sisson, M. D., Nebraska; S. K. Huson, M. D., Kansas; G. W. Barnes, M. D., California, and E. A. Wild, M. D., Nevada.

The Executive Committee was Constantine Hering, M. D.; Bushrod W. James, M. D.; Robert J. McClatchey, M. D.; Walter M. Williamson, M. D.; Henry N. Guernsey, M. D.; Pemberton Dudley, M. D., and F. E. Boericke, M. D.

At the meeting on the third, day J. P. Dake, M. D., opened the business by introducing an amendment to the By-Laws:

“Resolved, That Article X. of the By-Laws be so amended that after the words ‘ensuing year’ on the bottom line of page 138, Transactions of 1871, there shall be added the following words: ‘And the selection of one subject upon which papers shall be solicited during the year and read during the session, that subject alone being the one for discussion; all papers upon other subjects to be referred to the Committee of Publication without reading except upon special call of the Institute.’”

The By-Law with the amendment was read and adopted after some opposition.

Bushrod W. James, M. D., reported papers from the Bureau of Surgery. “Lithotomy,” John J. Detwiler, M. D., Easton, Pa.; “Syphilis,” S. R. Beckwith, M. D., Cincinnati; “Tumor of the Ethmoid Bone,” “Strangulated Hernia,” and “Ovariectomy,” N. Schneider, M. D., Cleveland; “Clinical Surgery,” Malcolm Macfarlan, M. D., Philadelphia; “Cancer,” Giles M. Pease, M.

D., Boston; "Surgical Improvements," Bushrod W. James, M. D., Philadelphia.

Dr. James also exhibited and explained the use of a number of new appliances and surgical instruments.

Dr. Detwiler displayed a number of calculi and the instrument with which he had removed them from the bladders of both male and female.

The regular business was then suspended to listen to John F. Gray, M. D., of the Committee on Legislation. Dr. Gray joyfully announced that a telegram from Dr. Horace M. Paine, of Albany, N. Y., assured him that a bill which the Homœopathic Medical Society had been endeavoring to have passed had at last been signed by the Governor and made a law. It related to the qualifications required to obtain the degree of Doctor of Medicine. It provided that an independent Board of Medical Examiners should be appointed by the regents of the New York University. The Board of Examiners was to be appointed irrespective of all medical schools. Examiners should understand Latin, German, or French and the Greek grammar, as well as the numerous branches of education as taught in the schools of the State. By this means all physicians, whether old or new, must be educated. A telegram of thanks was sent to the Governor of New York, and the meeting returned to the consideration of the Bureau of Survey and a learned discussion followed upon the different papers. A. R. Thomas, M. D., read a communication from Dr. Billings, Librarian of the National Medical Library, stating that the Surgeon-General had concluded to add to the Library all American homœopathic publications, and Dr. Billings had prepared a list of the books that were necessary to complete the collection.

In pursuance of this proposition Dr. Thomas presented the following preamble and resolutions, which were adopted:

"WHEREAS, We learn with pleasure that the Surgeon-General of the United States is desirous of adding to the National Medical Library all American homœopathic publications; therefore,

"*Resolved*, That the members of this Institute are ready to co-operate in the accomplishment of this object, and are willing to contribute books, pamphlets, etc., towards that end."

Dr. Thomas also reported that Dr. W. M. Toner, of Washington, was preparing a Medical Register and Directory of the United States, in which he intended to insert name, address and status of all physicians, hospitals, colleges, and dispensaries.

Dr. Swazey then presented this communication:

“ At the second annual reunion and conference of the founders of the American Institute of Homœopathy, held in Washington, May, 1872, in accordance with the notification of the Secretary, Dr. Henry D. Paine, it was resolved that the Institute, now in session, be requested to enact some measure by which our body of Seniors shall be perpetually recognized as such, said body to consist of all those who survive a membership in the Institute of twenty-five successive years, in good standing.”

Signed.

JOHN F. GRAY,
G. W. SWAZEY,
LYMAN CLARY,
A. S. BALL,
F. R. MCMANUS,
D. S. KIMBALL,
HENRY D. PAINE.

Dr. Swazey also offered this resolution, which was adopted:

“ *Resolved*, That the American Institute of Homœopathy accept the communication from the Founders of the Institute, and enact that all members of the Institute whose membership dates from 1848, and prior to that date, be considered Seniors in this body; that their ranks be augmented annually by all those who have maintained twenty five successive years of membership, and that they be earnestly requested to attend all meetings of the Institute and deliberate in their conferences any advisory measures for its continued success.”

The Auditing Committee reported the Treasurer's accounts correct.

The Bureau of Anatomy, Physiology and Hygiene had but one paper to report. It was from J. D. Buck, M. D., of Cincinnati, and was entitled “ Reason, Instinct, Vitality,” and was referred for publication.

The Bureau of Psychological Medicine, having nothing to report, was closed.

The Bureau of Ophthalmology and Otology reported, through T. P. Wilson, M. D., the Chairman, “ General Observations on Ophthalmic Surgery,” Report of the Ophthalmic Department of Cleveland Homœopathic Hospital College, and “ Aural Surgery,” by T. P. Wilson, M. D., of Cleveland, Ohio; also a paper by S. S. Guy, M. D., on the removal of a cancer.

The thanks of the Institute were then offered to Bushrod W. James, M. D., for his paper on the "Propagation of Cow-pox Virus," and for the efficient manner in which he procured a supply of virus for himself and other Philadelphia members during the dreadful epidemic of small-pox in Philadelphia in 1872.

Dr. Carroll Dunham offered the following resolution:

"*Resolved*, That, to members of the Institute in good standing, who shall signify to him their intention to attend meetings of Foreign Homœopathic National Societies, the Secretary is hereby instructed to give a certificate of membership and an official letter of introduction."

The Bureau of Organization, Registration and Statistics made a brief report through its Chairman, W. M. Williamson, M. D.

The Committee on Homœopathic Colleges reported that it had a lengthy paper, but it would not be read because a number of copies had been printed and would be distributed.

The meeting on the fourth and last day was opened by President I. T. Talbot, M. D., who announced a telegram from the Governor of New York in answer to the telegram of thanks which read:

"Your message is hereby acknowledged, with the trust that the law in question will work beneficently for the people and do credit to its promoters."

Signed.

JOHN T. HOFFMAN.

There was quite a heated argument relating to unauthorized alteration of the By-Laws until it was discovered that the paper had been inserted in an improper place in the report, when an amicable settlement was reached.

The following resolutions were then adopted:

"WHEREAS, In the By-Laws of the Institute, as published in the volume of Transactions for the year 1871, there are alterations of articles that have never been brought before the Institute, and others that have not received its sanction; therefore,

"*Resolved*, That the By-Laws as published in said volume be and are hereby declared null and void.

"*Resolved*, That the Secretary be ordered to publish in the volume of Transactions for the year 1872 the By-Laws as printed in the volume for 1869, together with such amendments as have been adopted by the Institute.

"*Resolved*, That a Committee of Investigation be appointed, to consist of five members, to report at the next meeting such facts

as they may gather in relation to the above-mentioned mutilation.

"*Resolved*, That the Secretary have copies of these resolutions printed, together with the correct reading of the mutilated articles, and that the Treasurer furnish one with each volume of Transactions for the year 1871 that he sends out." Adopted.

F. L. Vincent, M. D., Troy, N. Y., offered the following resolution, which was adopted:

"*Resolved*, That copies of the resolution offered by Dr. J. P. Dake, and adopted, relative to the Signal Service, be sent to the President of the Senate and the Speaker of the House of Representatives of the United States."

Invitations were read from physicians of Cleveland, O.; St. Paul, Minn., and San Francisco, Cal., to have the Institute the next year; but after some consideration it was finally agreed to meet in Cleveland, O.

Charles A. Bacon, M. D., of New York, announced that Dr. Barlow, Necrologist, having been ill, had no report to return, neither did he feel equal to retaining the office for the ensuing year.

The Committee on the President's Address made a statement through J. P. Dake, M. D., who offered this resolution, which was unanimously adopted:

"*Resolved*, That we heartily approve the noble resistance offered by our members in Massachusetts to the Star Chamber attempts of the Massachusetts Medical Society to expel them from its membership, and that we hereby extend to them our warmest sympathy in their efforts in behalf of the freedom of medical opinion and practice."

The election then took place resulting in—

President—Alvin E. Small, M. D., Chicago.

Vice-President—John C. Burgher, M. D., Pittsburg.

General Secretary—Robert J. McClatchey, M. D., Philadelphia.

Provisional Secretary—Bushrod W. James, M. D., Philadelphia.

Treasurer—E. M. Kellogg, M. D., New York.

Censors—F. R. McManus, M. D., Baltimore; W. M. Williamson, M. D., Philadelphia; R. B. Rush, M. D., Salem, O.; N. Schneider, M. D., Cleveland, O.; S. S. Guy, M. D., Brooklyn, N. Y.

The Institute tendered their thanks to the retiring officers, the city and their entertainers.

Dr. Bushrod W. James offered the following standing resolution; adopted:

“*Resolved*, That hereafter no report or paper will be received by the Institute from a Bureau or Committee of the Institute, or from any individual member thereof, in an incomplete or unfinished condition; and that a report or paper having been received by the Institute and referred to the Committee on Publication shall pass at once into the hands of the General Secretary, and not be returned to the writer under any representation that may be made.”

The President then appointed the members to serve on the various Bureaus and Committees, and with some pleasant remarks the Institute adjourned to meet in Cleveland on June 3, 1873.

THE MEDICINAL TREATMENT OF NEURASTHENIA.*

I have felt it desirable to occupy so much of the time at my disposal with a consideration of the symptoms of neurasthenia, because we must all recognise the necessity for a full and complete picture of the diseased condition if we are to expect success from medical treatment applied according to the principles of our school.

“Medicines are of little avail. *Strychnia* in full doses is often beneficial.” Such is the dictum of Professor Osler, one of the foremost teachers of medicine in the United States, where nervous exhaustion is so frequent as to have received the name of “American nervousness.” Does this pessimistic view of the treatment of neurasthenia represent the experience of the practitioners of the homœopathic school? I think not. When I look back upon my own cases of neurasthenia, of which for the last ten years I have kept careful notes, I really feel that, were it only for the treatment of this class of disorder alone, both my patients and myself have much to be thankful for, in that I have followed the teaching of Hahnemann; for though the treatment of nervous exhaustion by homœopathic medication is not by any means so completely successful as one could wish, yet it compares very favourably indeed, in my hands, with that of my pre-homœopathic days, when, following the lines of present-day general

* The following is from a paper by John W. Ellis, M. B., C. H. B. (Vic.), F. E. S., Honorary Medical Health officer of the Hahnemann Hospital, Liverpool, in April number of Journal of the British Homœopathic Society. We omit the preliminary matter, not having space for it.—*Ed. H. R.*

treatment, I dosed my patients with *Strychnia* or *Nux vomica*, or with one or other of the largely advertised preparations of *Phosphorus* or the hypophosphites, quite oblivious of the fact that by over-stimulating weakened nerve-cells with such powerful drugs I was undoing with one hand what I might have accomplished with the other by rest and other details of hygienic treatment.

No drug causes symptoms which so closely resemble those of neurasthenia as *Picric acid*, and a study of the narratives of provers of this substance, such as are detailed in the "Cyclopædia of Drug Pathogenesis" (i., 61, *et seq.*), gives us a distinct picture of nervous exaltation with succeeding exhaustion. With remarkable uniformity provers taking the drugs in doses of the 1st decimal to the 5th centesimal dilution complain of such symptoms as the following: dull, heavy headache; with vertigo on rising; heaviness in the head, with disinclination for mental and physical work, which developed into throbbing headache, chiefly right occipital; frontal headache and vertigo, with fulness as though the head would fly apart, greatly increased by motion and study; dull headache from right temple to the occiput with formication in the temporal and parietal regions; throbbing pain in the occiput, with inability to concentrate attention on his work. Notice how the head symptoms appear to be concentrated in the occiput. Sensory symptoms are frequently complained of, as tingling, prickling, and numbness of the lips, hands, and feet; burning sensation in the scalp and down the spine; with a variety of aches and pains in the head and extremities. Among the eye symptoms there are flashes of light and sensation of heat and dryness, with heaviness of the lids and distinct conjunctival congestion; white tinnitus were found to occur with some regularity in the experiments of Parisel. Insomnia was frequent, and there was unanimity in complaint of muscular weakness, with tiredness and disinclination for exertion. Twitchings of the muscles occurred in several of the provers, sexual irritation was a marked and troublesome feature, several experimenters had diuresis, and one, after a few ten-drop doses of the 1st decimal dilution, experienced oppression in the epigastrium, palpitation with irregular pulse, and beating in the temporal arteries. Experiments on animals show that the action of the drug centres in the nervous system, for the legs are very quickly weakened, especially the hind ones, and there may be ataxic gait due to twitching and spasms, which gradually progresses to complete paralysis, and a *post-mortem* examination

shows the central nervous system to be in a pulpy, degenerated condition.

Could any drug present a more distinct picture of gradually increasing nervous irritability and debility such as is met with in neurasthenia? And in the whole of our *Materia Medica* I have not found any medicine to give such generally successful results as *Picric acid* in the treatment of this disorder. We must, however, bear in mind how exquisitely sensitive these debilitated nerve cells are to the medicinal *similimum*, and care must be taken not to give the drug in too low dilution. I have seen marked increase of the head symptoms and troublesome sexual irritability produced by a few doses of the 3d centesimal dilution, and now I never give it in lower dilution than the 6th centesimal.

Oxalic Acid.

I have already, in a paper read before the Liverpool branch of this Society and printed in our Transactions for 1899, called attention to the similarity between many of the symptoms produced by small and continued doses of *Oxalic acid* and those of neurasthenia, remarking the "aversion to mental and physical exertion, the muscular prostration, headache variously located, and sensations of heat in the head, the dyspeptic symptoms, the sexual excitement, the palpitation, the pain and weakness in the back, the numbness and tingling in the extremities, the easily-produced perspiration, and the restless sleep with unpleasant dreams—all common symptoms in sufferers from neurasthenia and all prominent in the provings of *Oxalic acid*" (*loc. cit.*). To these remarks I appended short notes of several cases of neurasthenia in which *Oxalic acid* had proved useful, and further experience of the drug has only confirmed the opinion I then expressed as to its probable value in the treatment of this form of nervous disorder, and though I find difficult to differentiate between the indications for *Picric* and *Oxalic acids* I am inclined to think that the more the mental powers are benumbed and the greater the condition of sexual excitement the more likely will *Picric acid* be useful, while *Oxalic acid* is, perhaps, more suitable to the cases where pain is a more prominent symptom (as in spinal neurasthenia) and where the stress of the attack falls upon the digestive rather than the sexual functions. I find the best results from *Oxalic acid* given in the 3d decimal dilution, which rarely causes a slight but temporary exaggeration of the symptoms.

Phosphoric Acid.

Perhaps the next generally useful medicine in this form of disease is *Phosphoric acid*, which, while it produces a condition closely resembling neurasthenia, seems to be particularly indicated when vaso-motor depression is marked, where we have a soft, too easily compressible and jerky pulse, with clammy hands and feet, and where the slightest physical (or even mental) exertion causes sweating. These symptoms are distinctly traceable in its provings, especially in one by Dr. Woodward (Cycl., i., 60), in whom the drug in doses of the 1st decimal dilution caused dull occipital headache with hazy vision and mental depression, sexual excitement with palpitation, increased frequency of pulse, oppression of the breathing, cramps in the hand and leg, and aching in the lumbar spine, with profuse sweating on exertion. Dr. Hughes ("Pharmacodynamics") remarks that *Phosphoric acid* is to nervous debility what *Iron* is to anæmia, and it is particularly adapted to that condition of nervous exhaustion which is so liable to remain after an attack of influenza. In neurasthenia due to sexual excesses, too, it is remarkably useful, and frequency of micturition, which is a symptom particularly marked in these cases, seems to be a special indication for *Phosphoric acid*. I usually give it in the 1st decimal dilution (= ac. phos. dil. B. P.)

Phosphorus.

Phosphorus is a drug of which I have had very little experience in its homœopathic application to cases of neurasthenia. While an undoubted stimulant of the central nervous system, it does not present in its pathogenesis (at least in the narrative provings in the Cyclopædia) anything like so complete a picture of nervous prostration as do the substances already mentioned. Among a multitude of symptoms, which I fear must be attributed to expectant attention on the part of the provers, may be found: heaviness of the head, with headache of uncertain character and mental dullness. Vertigo appears to be a prominent and troublesome symptom (one prover had "persistent vertigo as though intoxicated, with heaviness and confusion of the head;" another describes "staggering gait"); numbness and formication of the extremities are recorded; and one prover had considerable sensitiveness to pressure on the spine between the scapulæ. Tinnitus with palpitation was occasionally experienced, and insomnia from

mental excitement and sexual irritability were more frequently observed. On the whole, I should be inclined to reserve *Phosphorus* for those cases in which vertigo is a prominent symptom, especially if combined with that state of the cerebral vessels in which the patient is never free from consciousness of the pulse, or, as one of my patients describes it, "of knocking in the head." It will probably also be found useful in cases of neurasthenia where sexual irritability is a marked feature of the disorder.

Iron.

The *Iron* salts have a decided influence in depressing the tone of the vaso-motor system, as is evidenced by the flushing of the face and the throbbing fulness of the head, where every beat of the heart is distinctly felt (or heard); and when we remember, too, that the primary stimulation of the mental and bodily faculties was followed, in the majority of provers, by a corresponding condition of muscular enfeeblement, with weariness and weight of the limbs and disinclination for mental and physical exertion, we may well expect iron preparations to be useful in some forms of neurasthenia. So they are in my experience, but I believe the applicability of *Ferrum* is chiefly limited to those cases where head symptoms predominate, with a tendency to congestion of the vessels of the head, and, in women, where a similar condition occurs in the pelvic organs, leading to backache, hæmorrhoids, bladder irritability, and leucorrhœa or menorrhagia. In such cases I have used the phosphate (and more recently the picrate) of *Iron* with advantage, in doses of the 3d decimal or 3d centesimal dilution.

Zinc.

These, then, in my experience, are the most reliable medicines for the general treatment of neurasthenia: *Picric acid*, *Oxalic acid*, *Phosphoric acid*, *Phosphorus*, and the phosphate and picrate of *Iron*; but there are three others that deserve a place in this category, though on a somewhat lower standpoint. These are the *Oxide* and *Phosphide* of *Zinc* and *Silica*. The zinc salts referred to appear to have a pathogenetic action somewhat like that of *Phosphoric acid*, producing an exhausted condition of the nervous system, with little precedent exaltation, and they are probably not of much use where nerve irritability is a marked feature, though in the chronic headaches of over-worked business and professional

men and women they are often particularly serviceable. Localised coldness seems to be a characteristic symptom, indicating the *Zinc* preparations, and I well remember a gentleman who became neurasthenic from long-sustained business worries, whose very frequent symptom of a feeling as though a quantity of cold porridge was lying behind the sternum, was completely and permanently cured by the *Oxide of Zinc*, 2d centesimal, after many other drugs had been tried and found wanting.

Silica.

Silica has a somewhat similar curative action in chronic headaches from brain-fag, but it is particularly applicable for the troublesome and the very persistent aching of the neck muscles and occiput, from which so many neurasthenics suffer, for which, however, *Oxalic* or *Picric acid* generally suffices.

Cactus and Spigelia.

But besides these drugs useful in the general treatment of nervous exhaustion, there are several that are distinctly efficacious in the various complications or particular phases of neurasthenia. Such, for instance, are *Cactus*, *Spigelia* and *Nitroglycerine*, on account of their power of controlling the nervous supply of the circulatory organs. *Cactus* I have found answer admirably, over and over again, in doses of the 1st decimal and the 1st centesimal dilutions, for the palpitation and abnormal sensations about the heart, with rapid pulse, whether attended by pain or not. These symptoms are well marked in its pathogenesis, and we may note the very characteristic symptom, almost pathognomonic of *Cactus*, the sensation as though the heart were grasped by the hand, which I do not think I have ever failed to cure with this drug. *Spigelia* is, I believe, more applicable in proportion as pain radiating to the arm is a characteristic feature; and in one patient in particular, where there was in addition the symptom that has been considered a "key-note" for *Spigelia*—pain shooting from the nape or occiput to the forehead and eye-balls, especially the left, the drug acted like magic, both this symptom and the cardiac pain and distress disappearing almost from the first dose of the 3d decimal dilution.

Nitroglycerine.

Notwithstanding the frequent use and undoubted value of *Nitroglycerine* (glonoine) in attacks of angina pectoris, the relief

obtained depends entirely upon the physiological effect of the drug, and cannot be claimed for Homœopathy; but in cases where there is marked relaxation of the vaso-motor system, such as is frequent in neurasthenia, where the flaccid vessels become over-filled and pulsate violently in obedience to the accelerated action of the heart, then we have a condition in which the use of this drug is not only homœopathic but eminently curative. *Nitroglycerine*, in dilutions of not less than the 3d centesimal, is frequently indicated and is often markedly beneficial in tachycardia, though it might be worth while remembering the greatly increased cardiac action which results from feeding with thyroid extract, and which would probably be found useful, in small doses, in the treatment of this condition, when not associated with the other symptoms of Graves' disease.

Sundry Drugs.

I have already referred to the influence of *Phosphorus* (inter alia) in producing vertigo, but I believe the drug *par excellence* for this symptom is *Cocculus*, and I have seen the best results in neurasthenic vertigo from its administration in the 3d decimal and 3d centesimal dilutions; and the nearer the vertigo approaches in character that present in sea sickness, or in some nervous patients by riding in a carriage or travelling by rail, the more perfectly will the drug fit the case.

Actæa (*Cimicifuga*) I have frequently found of service in patients with neurasthenia where muscular exhaustion was a prominent symptom, with much pain about the cervical region, with inability to hold up the head for any length of time, or when there is a constant attempt to get rid of the feeling of fatigue or aching by drawing the head backwards upon the spine. Whenever, too, there is asthenopia with hyperæsthesia of the retina, we may give *Actæa* with expectation of relief of the symptoms. In the sexual sphere, at least in women, the drug has analogies with ferrum, and we must not forget, in this connection, that "key-note" symptom of *Actæa*, infra-mammary pain, which so frequently accompanies congestion or irritation of the pelvic organs, such as is so frequently present in women suffering from nervous prostration. In another form of muscular disturbance I have found *Cuprum metallicum* and *Cuprum aceticum* of great service. I allude, of course, to those cases where muscular spasm is a marked feature of the case, spasm which may vary

from the febrillary flickering of the eyelids to the severe and persistent cramps. Both preparations should, I think, be given in fairly high dilution—the 6th or 12th centesimal, if we are to get the best results from their administration.

There remains to be considered in connection with the medicinal treatment of neurasthenia that very important accompaniment of many cases, insomnia, an accompaniment which, working in a vicious circle, is as often a cause as a consequence of the disorder, and one of the most difficult to treat satisfactorily of all the protean manifestations of nervous exhaustion. Such, at least, is my experience, and though it may be possible at times to quell the nervous excitement which produces insomnia by the administration of such drugs as *Coffee*, *Nux vomica* or *Gelsemium*, I have usually found it better, in any bad case of insomnia, to ensure the patient a few nights of sound sleep by the aid of hypnotics, and then, when once some control has been obtained over the over-wrought nerve cells, we may replace the physiological hypnotic by a homœopathically selected remedy with advantage.

These, then, gentlemen, are the medicines with which I have been in the habit of treating the principal forms and symptoms of neurasthenia, but it follows as a matter of course that a *repertoire* so complete as ours will contain many drugs that will prove useful against some of the out-of-the-way symptoms of nervous exhaustion, and indeed, to quote an observation of Dr. Worcester, the writer of the article on Neurasthenia in "Arndt's System of Medicine," "there is hardly a remedy in our *Materia Medica* that may not be useful at one time or another."

I have confined myself in these remarks entirely to the medicinal treatment of this class of nerve disorder, because I believe it is here that we who practice homœopathically have such a distinct advantage over the practitioners of the old school, who rely so largely in the treatment of nervous exhaustion upon general and hygienic measures, such as rest, massage, baths, electricity, etc., all of which are equally at our disposal, but which, though always useful and absolutely necessary, are, in my opinion, greatly supplemented by the powers we possess in homœopathically selected medicines.

CASES FROM PRACTICE.

By Dr. Lardinois.

From Le Midecin Homœopathique.

Inflammation of the Abdomen.

A woman in my neighborhood, of delicate health and weakly constitution, was suddenly attacked by violent pains in the abdomen. She was married, thirty years old and childless. She is suffering from pains in the stomach, menstrual irregularity and always has cold feet. Her complexion is that of a woman who has suffered much, her skin is sallow, the limbs emaciated and, to crown it all, she is obliged to do work hard.

When her husband called me, he urged me to hurry, for she was in a sad state. Her face was sunken, the nose cold and pointed, her ears cold, the lips cyanotic, the eyes sunken with a dark rim around them. Her vomiting and constipation, the highly distended abdomen, sensitive to the touch, the fever, the small, thread-like pulse, all formed a total of symptoms, leaving no doubt as to the *inflammation of the abdomen*.

The good man did not seem surprised as to the ill news. "My first wife," said he, "died three years ago of this disease, and I see this one will end in the same way."

This was on March 2d, in the afternoon. I prescribed tincture of *Aconite*, as I could only ascribe the disease to a cold; also warm compresses on the abdomen and a corresponding diet. In the morning of March 3d the state was the same. The pains in the abdomen were attended with copious perspiration of the face, which led me to give her *Veratrum album*, a drop of the mother-tincture every two hours. The patient had had no stool for several days; a small dose of *Castor oil* relieved this. On March 4th the tongue was dry, the teeth blackish. The pains were lancinating and extended toward the stomach. I prescribed *Kali phosphoricum* 3, a dose of .15 centigrammes every two hours. On the 5th of March the woman was somewhat better; the pains were less severe, the abdomen was sunken, the face less livid. There had also been a natural stool. This treatment was continued and the patient was now able to take a little nourishment in the form of thin soup, for milk did not agree with her.

On the 6th of March she made more decided progress. The

same prescription and more copious nourishment. On the 7th of March her state was quite satisfactory. The appetite increased and all the functions were normal. Some days later I made another call to see that my directions were closely followed. Though she had already recovered, I left her *Sulphur*, which is always valuable after a severe illness.

Inflammation of the Lungs.

II. The following case was no less serious, the more so as diseases which set in with great violence are not always easily diagnosed. Though the physician who follows the teaching of Hahnemann gives only a relative importance to the *names* of diseases. It is absolutely impossible to apply an invariable treatment according to a diagnose which is ever uncertain ; though it is an easy method in so far as it requires a minimal exertion of the brain. Quite a different matter it is to note all the symptoms of a patient and to find in the *Materia Medica* the remedy corresponding to the special case. This we call individualizing. Our clinical practitioners only follow Hahnemann when they say : "There are no diseases, only patients."

V. is a boy eight years old, vigorous and well nourished. I was called in to see him on April 3d. The evening before he had a violent chill followed by fever, and with it a pronounced delirium all night. I found the patient with herpes on the lips, the tongue thickly coated, white like milk. Dyspnoea, some cough, vomiting, diarrhoea, pains in the abdomen and a very violent headache directed my attention to the chest and the abdomen; but since I could not see anything positive, as a local disorder, I prescribed *Antimonium crudum* 6 D. every hour. In the evening his state had become worse, the fever had increased and the patient was in a state of deep unconsciousness and delirium; all efforts to arouse him by waking or shaking him were in vain; when he was lifted up, to give him something to drink, the liquid hardly entered his mouth, but flowed back and then down on his chest. These attempts every time caused a general trembling and contractions of his upper limbs, which turred and twisted in varying directions, the fingers being widely spread and stiff, some of them being bent and others extended. The hands were drawn to the body, the eyes were staring, the pupils immovable and not distended, the face distorted. When this state had somewhat passed, he wanted to get up. He preferred lying on his side, the head bent back and the knees strongly bent.

Hyoscyamus 30 completely modified the nervous symptoms, and next morning, April 4th, the patient was better, but his consciousness had not fully returned. The thin and copious stools, even discharged involuntarily, had a putrid, cadaverous smell. There was copious vomiting of green bile. During the day I prescribed *Kali phosphor.* 6 D. and *Iris versicolor* 8, in alternation. In the evening he felt decidedly better, and I discovered what I had anticipated, the seat of inflammation of the lungs on the tip of the right lung. The patient complained for the first time of pain in the axillæ. There was some cough, which might have remained unnoticed. *Hyoscyamus* was continued during the night. On the 5th of April the improvement in his state was pronounced, but as the abdominal symptoms continued, I took my refuge in *Arsenicum* 12. On the 6th of April he had a good day, on the 7th even better and on the 9th he was completely cured and asked for food and drink. The symptoms of pneumonia had altogether vanished.

III. And last but not least ! Colonel D. will surely not be the man to speak ill of Homœopathy, even if I should tell him ; “Colonel, what cured you so brilliantly and promptly of your renal colic, is, to speak frankly, merely a minimal dose of *Cantharis* !”

A few days back Colonel D. felt a manifest indisposition in the renal region, but he nevertheless proceeded to take his customary morning ride. Scarcely a hundred yards from his dwelling, however, the pains became more violent and he was compelled to stop and return to his house and to take to his bed.

I was asked to visit him as soon as practicable. The pains were so violent that the patient kept rolling about with groans and sighs.

The pains were burning, and located in the left renal region and extended to the bladder. He had a frequent urging to urinate, but the urine was only discharged in drops, and after every discharge there ensued again a troublesome ineffectual urging to urinate. There were also frequent copious stools with painful evacuations.

The relief after *Cantharis* 2 was immediate, and next morning the calculus, the existence of which was conjectured, was found in the urine.—From *Le Midecin Homœopathique*.

SILICEA IN SPINA BIFIDA.

By E. K——.

Translated from *Leipziger Pop. Z. f. Hom.*, July, 1902.

“To-day a little girl was born to me, a vigorous babe, but there was a red sore on the spine. Below it there was a cutaneous mass like a blister, containing fluid. The doctor just now tells me it is *Spina bifida*, which diagnose will be sufficient for you. The physician thought it of great importance that the sore did not contain any pus, and prescribed a salve which would hasten the formation of a skin over it. But I was not satisfied with it. My confidence in Homœopathy is greater, and I request you to send me at once advice and medicine. There are no paralytic symptoms. The baby moves her legs vigorously. There is no paralysis of either the bladder or the intestines.” This was contained in a letter received by me on October 26, 1901, from an old adherent of Homœopathy.

If this was really a case of *Spina bifida*, and there was no reason to doubt the diagnosis of the allopathic physician, the prospect was not exactly encouraging. This I openly stated to the father, and mentioned that in homœopathic literature *Silicea* is recommended. At the same time I forwarded this remedy in the 12th D. trituration, a dose about the size of a pea to be given three times a day. This was done on October 28, 1901. On the 3d day of November, 1901, I received the following report: “The medicine was duly received and I shall administer it regularly. The sore, originally as large as a silver dollar, seems to have increased. The physicians here would like to use the knife at once, as the swelling, one centimeter in height, is not, according to their view, grown together with the spine. The ointment mentioned has indeed caused the formation of a skin, but has not caused the tumor to shrivel up, as was hoped. The baby weighs about six and a half pounds, is vigorous and gives the impression of health since it takes the breast regularly. It sleeps well. The stool, in the opinion of the doctor, is too dark. We have not yet given the powder which the allopathic doctor left for its stool. I would ask your advice, whether the surgical operation can be undertaken with the baby only eight days old, and whether there is a chance of its surviving such an operation. If it is necessary

to have an operation I would prefer deferring it another week, when the babe and its mother may be stronger. Is it not perhaps possible that our beloved Homœopathy by itself might suffice to cure?"

Of course, no one would like to guarantee either the success of *Silicea* or that of an operation, but I observed to him that we might wait with an operation till another week had passed. But on the 11th of December the following report was received: "Next to God we owe you infinite gratitude. *Silicea* 12 D. has wrought a miracle with our babe, born so unfortunate. From the first day of taking the medicine the babe has prospered. Our allopathic domestic physician and a surgeon of note have a conundrum before them. The surgeon had made all his preparations for an operation, but when we sent him the babe on the day appointed he sent it back *without performing the operation*, with the remark: '*There is no chance for it; the poor little worm should not be so tormented.*' For in the meantime the little legs had become paralyzed, the one of them even so much that it would not react when pricked with a pin, and the one knee was altogether stiff. To-day the babe moves both legs, and it is a pleasure to see it kick when bathing in its bath-tub. You ought to see the astonishment of those two gentlemen! As to the tumor, the opening is now quite closed and does not ooze any more. The physician even thinks that the fissure is smaller. One-third of the tumor is already covered with normal skin, and the tumor is flatter on the one side. Formerly there was an enormous irritation of the intestinal canal. At the slightest pressure an unnatural stool gushed out, and the child cried fearfully at the slightest touch; now it scarcely notices the strongest pressure. The stool is quite normal and the baby is rather inclined to constipation. The child takes the breast and has increased two pounds in weight in four weeks. Its legs are thick and solid of flesh, with vigorous muscles, while at birth they were quite thin and almost without muscles."

OLIVE OIL IN HÆMORRHOIDS.

Translated from the *Leipziger Pop. Z.f. Hom.*, July, 1902.

"He who never sat weeping through the woeful nights, he knows you not, ye heavenly powers!" I might well have exclaimed last year, when recovering from a severe and long-lasting

inflammation of the bowels, I was seized finally with hæmorrhoidal troubles. It was not so much the tumefied veinlets as fissures in the anus which after every evacuation continued their burning pains for hours, yea, often for whole nights. I can only compare it to the sensation of being impaled on a red-hot steel passing through the anus. All the remedies, even those recommended in the homœopathic manuals, refused to act, until I finally took a clyster before every evacuation. I took a pint of luke-warm water and poured in about two tablespoonfuls of *Olive oil* which I had first sterilized by boiling. The oil, of course, swam on top and therefore was injected last into the anus. The effect of the *Olive oil* was a double one: first, it covered the sore places with a protecting covering, so that the fæces could not produce their caustic action, then, also, the parts were lubricated for the easier and quicker passage of the fæces, so that the skin was not irritated. After this protective measure, the fissures quickly healed on using at the same time the homœopathic remedies prescribed in such a case. We recommend this simple measure to all our fellow-sufferers.

BURSA PASTORIS IN EXOSTOSIS.

By Dr. Pfeiderer, of Ulm.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Zeit.*,
June 19, 1902.

Lately I was treating an old woman who had croupous pneumonia. Instead of wrapping her whole chest with sheets wet with water, to which one coffeespoonful of the tincture of *Bursa pastoris* to the quart of water was added, I simply applied some compresses of this mixture. *Bursa pastoris* is an old remedy for the heart and blood-vessels. In applying the solution, I dipped a double linen cloth in the solution and wrung it partly dry and applied it in the region of the lobe of the lung affected, covered it with a dry woolen cloth and left it there two hours.

The woman was nursed by her daughter, who was about twenty-five years old. After several days, the daughter noticed that owing to the application an exostosis on the back of the right hand, which had been there for four years and had several times been treated ineffectually, became red and itched; it continued to diminish in size and in two weeks it had disappeared.

I have no hesitation in ascribing the cure of the exostosis to the *Bursa* applied.

[NOTES OF THE EDITOR OF THE *Allg. Hom. Z.*].—Rademacher supposes that *Bursa pastoris* acts not only on the capillaries of the kidneys and of the intestinal canal, but also on other organs. By increasing the action of the finest blood-vessels, it may well contribute to resolve thickened, indurated secretions, as has been observed by Robert Cooper. The cure of the osseous excrescence of so many years' standing may thus be understood, especially if we consider the fact that also dropsies sometimes disappear as the consequence of acute diseases which strongly affect the circulation. Such ganglionic tumors do not always contain pure fluid synovial liquid, but often a substance much richer in albumen resembling a stiff gooseberry-jelly or the *Corpus vitreum*, and in which at time also cartilaginous concretions are imbedded, which cause the peculiar grating or crepitating sounds noted in some ganglia, especially when situated on the wrist. Clinical experiments will have to decide whether *Bursa pastoris* will be found useful also in cases of this kind.

THE TREATMENT OF TUBERCULOSIS.

By J. Henry Hallock, M. D., Saranac Lake, N. Y.

Read before the Onon. Hom. Med. Society at Syracuse, N. Y., May 6, 1902.

By special request, I will attempt to give you the present methods of treating tuberculosis as generally followed out by both the new and old schools. Not that I have anything new to offer, for consumption and its treatment have been written threadbare of late years. Hardly a medical journal comes to me without something upon the subject.

The last ten years have accomplished much for the relief of this deadly malady, and what was formerly looked upon as an almost incurable disease has reached a point where we feel that all early cases can be expected to recover.

I am pleased to note that the health reports from the various States and foreign countries show a great diminution in the number of cases, and from this we dare hope that sometime this dread disease may be stamped out and the human race lose one of its most terrible enemies. The one thing which will do most towards this is proper sanitation.

Here in Saranac Lake the same precautions are enforced as in all other contagious diseases. Houses and rooms are thoroughly fumigated after each occupant. Patients are not allowed to expectorate at will, and are taught proper habits so as not to re-infect themselves or others.

A careful treatment with formaldehyde gas by a competent man will render the house safe, and in no other way can the germs be destroyed. This is where many outside physicians are careless. By watching a large number of tubercular patients, as we are able to do here, can one quickest realize the truth that there are many offices and houses in nearly every town in the United States that are very unsafe. Such houses send us annually their contribution of consumptives.

The Germans are experimenters and thinkers, and to them we are indebted for many of our most scientific facts. They gave us the noble Hahnemann. But nothing among their medical discoveries since has been of more importance than that "a continuous residence in the open air of favorable climates will allow one so afflicted to throw off the disease of tuberculosis."

Improvement has been made in the mode of taking the air. Localities especially adapted to the cure have been discovered, and it has been found necessary to limit the amount of exercise at first recommended; but the great truth still heads the list. Keep your patient in the open air day and night; properly regulate the exercise; give him plenty of good, nourishing food (liquid foods and tonics may be necessary); keep his mind free from worry; and with the indicated homœopathic remedy I have been gratified by seeing a large percentage of my patients recover.

Among the homœopathic remedies especially indicated are *Cal. phos.*, *Cal. carb.*, *Ars. iod.*, *Phos.*, *Acon.*, *Bry.*, *Sul.*, *Psorinum*, *Bac.*, *Nux. vomica* and *Sul.* But at times almost any remedy in the *Materia Medica* may be called for; and right here let me say, after an experience with hundreds of cases since I left Syracuse in July, 1896, that the nearer I stick to the true homœopathic remedies the better results I obtain, of course, using all necessary adjuncts which do not interfere with the indicated remedy.

The old school still use *Creosote* in various forms, tuberculin injections, *Codene*, *Heroin*, *Strychnine*, and the different emulsions, as Russell's Fats, Red Bone Marrow, etc. These, with tonics and out-door air, form the main part of their treatment.

In sending your patients away, if you do not place them in the

care of a competent physician, caution them against exercise, especially until acclimated. It would surprise one who has not seen it, how many people come here and, either against or with their home physician's advice, walk miles the first five or six days, and at the end of this time are taken to their beds with an attack of pneumonia or an increase of the tubercular disease.

FARCICAL FALSIFICATION OF SCHUESSLER'S THERAPY.

Being interested in biological studies since 1885 I was easily captivated by the teachings of the late Dr. Schuessler.

My first biochemical publication was *Suum Cuique*, showing the difference between Homœopathy and biochemistry.

In to-day's little essay I will show some errors having crept into the biochemical treatment as absolutely detrimental to either Biochemistry or Homœopathy, especially to Homœopathy by unscrupulously mixing truth and (as I will call it, in an euphemistic way) untruth.

By going over the whole literature of Biochemistry I will consult, first of all, the original publications of the late Dr. Schuessler in regard to the following questions:

1. Did Dr. Schuessler prepare his medicines in a peculiar, so by him stated, manner?

2. Did Dr. Schuessler give or did he not give rules and advice how to use his medicines in regard to potency, dose and repetition of the dose?

3. Did Dr. Schuessler or did he not recommend the single remedy, alternation of remedies, or perhaps combination of remedies (as, for instance, in form of "combination tablets")?

Having now in hand all twenty-five original German editions of Dr. Schuessler's little therapy and also all his other writings:

1. *Das Heilseum und die Diphtheritis-Behandlung.*

2. *Die Cholera.*

3. *Der Einfluss der Umgebung.*

4. *Allopathie, Biochemie und Homœopathie.*

5. *Trrige Auffanungen bezüglich der Biochemie.*

6. *Dr. med. v. Villers Beleuchtung der biochem. Therapie besprochen von Dr. med. Schüssler.*

7. *Dr. med. Chuesse Kritik der Biochemie beleuchtet von Dr. med. Schüssler.*

I will try to answer those questions by citation of Schuessler's writings.

Art. I. *Did Dr. Schuessler prepare his medicine in a peculiar, so by him stated, manner?*

This question and its formulation was caused by the fact that one special firm claims to have specially conferred knowledge in the preparation of the tissue salts by the following words: "Not one single ounce of the tissue remedies in use to-day, excepting those made by Luyties. are as Dr. Schuessler would have them."

Dr. Schuessler writes: 1. "In healthy men, animals and plants the salts are present in dilutions corresponding to about 3d, 4th and 5th decimal medicinal dilutions" on page 37 of his *Therapy*.

Those 3, 4, 5 decimal dilutions are nothing else than the known homœopathic ones, as Dr. Schuessler does not add any other designation.

Treating and discussing his eleven, and not twelve, remedies Dr. Schuessler gives the potency, as used by him, so:

Ferr. phos.—As to potency, I usually give the 12x trituration—page 51.

Same foot-notes we will find, page 69, to *Calc. fluoric*, and page 71, to *Silicic acid (Silica)*.

Dr. Schuessler, on page 16—*Allopathie, Biochemie und Homœopathie*—in speaking of the small doses and the Biochemistry, writes: "The particle, which will be so small that it cannot be divided any more, will be called atom. Atoms but form a molecule. Such a molecule can be divided only chemically and not mechanically. Molecules are the smallest parts which can be isolated mechanically, that means, by trituration with a great quantity, of an indifferent article (milk-sugar). They are so small that 1-1000th part of a gr. of milk represents the weight of 16 trillion molecules.

And further, on page 22, Dr. Schuessler writes that the difference between Homœopathy and Biochemistry will be: "Those remedies are applied according to the governing rules of the organic rules of chemistry."

We see, therefore, that Dr. Schuessler openly writes that he uses the same remedies—in the same way prepared as other remedies of the homœopathic physician—that only the rule of different application changes the same remedy, either in a homœopathic or biochemic one, according to the different view, as I have shown once the difference between Schuessler and Boericke and Dewey in "*Suum Cuique.*"

Dr. Schuessler writes further regarding the preparation of his medicines in his article, "Die Cholera," page 11: "In regard to the doses I advise to dissolve one grain (0.1 gram.) of *Natr. sulphuricum* in 100 grammes water."

We see so, de facto, that Dr. Schuessler does not conceal his methods, etc., but that he teaches, in the most unselfish way, everything that could have the least weight for the promulgation of his life-work.

Dr. Schuessler was a great scholar and well at home in all literature; therefore, he put more or less caustic mottoes on the head of all his polemic articles.

The motto of his article, "Allopathie, Biochemie und Homœopathie," of the second edition of 1895, reads: "Je appelle un chat un chat, et Rollet un fripon" —could perhaps have some influence on the writer of the famous statement that: "*Not one single ounce of the Tissue Remedies in use to-day, excepting those made by Luyties are as Dr. Schuessler would have them.*"

Art. II. *Did Dr. Schuessler give or did he not give rules and advice how to use his medicines in regard to potency, dose and repetition of the dose?*

This question will be answered by the following quotations:

1. "It is, of course, not necessary to state that physicians who are accustomed to give two or even more remedies in rapid alternation will never acquire facial diagnosis."

"Giving two remedies in alternation is permissible only very exceptionally in cases where it is or appears to be advisable."

2. "Of course, no one can acquire facial diagnosis who, besides biochemistry, also uses all other kinds of curative methods; *e. g.*, if after giving a biochemical remedy he uses electricity or massage or wrapping in wet sheets, or if he uses a so-called Lebens wecker (stimulation of life), pricking the skin of the patient and putting in so-called mueckenfett (fly-fat)."

3. "It would be a great mistake if anyone should expect to hasten the treatment of a biochemical case by various different remedies; the contrary would be the case in all probability."—(*Therapy, page 160-162.*)

Regarding the prescription and dose we will find on page 46 in his *Therapy*: "It is better, in prescribing a salt for a biochemical purpose, to make the dose too small than too large. If it is too small, the goal will be reached by repeating it; but if it is too large, the end to be gained is wholly lost."

Having now seen that Dr. Schuessler in this Therapy gives unmistakable answers to our questions, perhaps on account of many polemics like with Dr. Chuesse and Dr. v. Villers, Dr. Schuessler will be found very explicit on just our questions.

From time to time I am honored by getting the *Homœopathic News*, greatly interested for biochemistry I immediately read the division "The Tissue Remedies," Dr. T. B. Chapman, editor Biochemic Department.

But under the direct analysis of Dr. Schuessler's, especially 25th and last Germ an original edition, the reader will not find cases reported like this one (regarding a cure of small-pox): The *Hom. News*, Vol. XXX., No. 12, "I gave him two febrifid tablets (? ! ?) every hour to control the fever, and three tablets *Silica* 3x every hour with *Calcarea sulphurica* 3x every hour alternately, and I was surprised at the result." The opinion must be given that this writer, the *Homœopathic News* and especially the biochemical editor with his whole biochemic department, do not know what biochemistry means.

I believe that F. August Luyties, Chapman, etc., etc., never have read a verbatim translation of Schuessler's Therapy.

Why do these men not learn German and read Schuessler's original publications?

But if we return to old Dr. Schuessler we will find that in his Therapy the treatment of small-pox is described in the following words, showing us the difference between Schuessler and Luyties & Co's. science: "*Kali chloratum* should be used in the beginning. If the pustules show pus *Natrum phosphoricum* will be suitable. If symptoms of adynamia and decomposition of the blood arise *Kali phosphoricum* should be given. In confluent pustules *Natrum muriaticum* is required."

Art. III. *Did Dr. Schuessler or did he not recommend the single remedy, alternation of remedies, or perhaps combination of remedies (as for instance in form of compressed combination tablets)?*

The quotations from Dr. Schuessler's publication under Art. No. I. and Art. No. II. should be repeated here again.

Only as new must be added from Dr. Schuessler's Therapy, page 45 and 46, in reference to the balneologic letters of Prof. Beneke. We would lay special stress on one relation: This is the degree of concentration in which the solutions of salt are offered to the body. To that Schuessler remarks: "We cannot,

however, recommend the use of mineral waters from the standpoint of biochemistry. Biochemical remedies are to be prescribed singly; mixtures are inadmissible." This fundamental law is in such words contained in the last (25th) edition of Dr. Schuessler.

I ask, therefore, how do Luyties, Chapman & Co. dare to bring on the market combination tablets on the highest authority?

Can you now smell the rat? For the sake of pure and simple *commercialism* under the indispensable works on the Schuessler tissue remedies, the many and absolutely indispensable original works and writings of Dr. Schuessler himself were most willingly omitted by Luyties, Chapman & Co.

In a pamphlet now in my hands—"Items of interest to homœopathic physicians"—on page 12 we read: "*When Dr. Schuessler gave his researches in the Twelve Tissue Remedies to the world, our Mr. F. August Luyties, President of the Luyties Homœopathic Pharmacy Company, St. Louis, Chicago, New York, who had previously become acquainted with the Doctor, made three special trips to Germany to become more familiar with their proper method of manufacture. Dr. Schuessler imparted to Mr. Luyties information given to no other pharmacist, knowledge which has made Luyties' Tissue Remedies the standard of the world.*"

Do Luyties, Chapman & Co. know what this statement means? Have those wiseacres reflected for one moment the great harm they are inflicting upon themselves?

I am not just fully prepared to criticize this statement, but I am willing to state so much from actual information regarding character, straight-forwardness of the late Dr. Schuessler by correspondence with actual pupils of this singular man that this imputation against the character of Dr. Schuessler never can be true.

Such a deal of the late Dr. Schuessler with Luyties & Co., would stamp Schuessler as the meanest, the most detestable scoundrel and outcast.

So soon as my material will be ready, all pro and contra collected, I shall have a special say regarding Luyties, Chapman & Co. on one side and the life-work of the late, and therefore defenseless, Dr. Schuessler on the other side. For all physicians who should wish to study the unadulterated teachings of Dr. Schuessler I will give the list of all publication with all necessary information (so that without the aid of Luyties & Co. everybody may have Schuessler pure and simple).

All publications can be procured from Schubzesche Hof-Buchhandlung (A. Schwarz) in Oldenburg (Germany).

1. *Eine Kurzgefasste Therapie.*
2. *Allopathie, Biochemie und Homœopathie.*
3. *Dr. med. v. Villers Beleuchtung der biochem. Therapie.*
4. *Die Cholera.*
5. *Irrige Auffassungen bezüglich der Biochemie*
6. *Dr. med. Chuesse's Kritik der Biochemie.*
7. *Kneipp's Wasserkur.*
8. *Hensel's Kritik der Biochemie.*
9. *Das Heilseum.*

If the concern of Luyties, Chapman & Co. should not like my refutations of Schuessler's misrepresented teachings I cannot help it.

Last but not least I cannot close without mentioning a mathematical or, better, *logical blunder* of Luyties & Co. in trying to demonstrate that their Tissue Remedies are the only ones.

On page 13 there is a letter from Dr. J. W. Clapp, printed, asking Mr. F. August Luyties' opinion of the tissue salts, as Mr. F. A. L. was presumably acquainted with Dr. Schuessler.

Now Dr. Clapp refers in his letter to Dr. Schwabe's homœopathic polyglotta, and again in the only *biochemic monthly* in Germany, Dr. Schwabe's pharmacy is the principal place to get the tissue salts. It must be a logical consequence that the great results in Germany and the always growing influence of biochemistry must have been brought on by good prepared salts and prepared fully in the sense of the late Dr. Schuessler.

We have, therefore, a full knowledge how these salts are prepared and they are not secrets given to L. & Co.

Sapienta sat !

LARYNGEAL AILMENTS AND VOCAL DEFECTS.

Translated according to Dr. Cartier.

Aconite is usually considered as the universal remedy; but in laryngitis it can at most decrease the fever when there is a burning heat, and it can alleviate the inflammatory congestion.

Æsculus hippocastanum. Inflammation of the larynx, combined with inflammation of the fauces. Very manifest varicose state of the fauces in hæmorrhoids.

Antimonium crudum is an excellent remedy for the vocal cords. When a singer after an inflammation of the larynx, or after exerting his voice, has a hoarse voice without resonance, this remedy will be sure to restore the elasticity of the vocal cords (cfr. *Graphites*).

Apis is the most important remedy in œdema of the larynx; acute œdematous laryngitis; convulsions in consequence of œdema of the glottis; œdema in consequence of tuberculous laryngitis.

Argentum metallicum. A characteristic symptom is cough caused by laughing. (cfr. *Stannum*.)

Argentum nitricum. Chronic laryngeal catarrh of singers.

Arum triphyllum. Painful inflammation of the larynx with the characteristic that the hand is put to the throat to facilitate swallowing. Sensation of soreness (cfr. *Spongia*). An excellent remedy for hoarseness after prolonged speaking or singing (cfr. *Coca*). The singer becomes suddenly hoarse or feels wearied after too long practice (the contrary is the case in *Antim crud.* and *Graphites*).

Belladonna. Acute laryngeal catarrh, characterized by a tickling cough, lancination, dryness of the larynx and hoarseness (as to dryness cfr. *Sanguinaria*).

Causticum. Paralytic hoarseness of the vocal cords. The laryngeal muscles refuse to act (compare *Gelseminum*).

Ferrum picricum. Is much used in America in chronic catarrhal affections of the larynx.

Eupatorium perf. The chief remedy in laryngeal inflammation with influenza. When the grippe seizes upon the mucous membranes of all the superior respiratory channels, the nose and the fauces, another remedy must be added. It is especially indicated in influenza with catarrh of the larynx and the bronchia.

Gelseminum. The most important remedy in paralysis of the vocal cords, in paralysis from cold, from over-exertion of the voice, from diphtheritic paralysis, nervous or hysterical paralysis, etc.

Graphites. A very good remedy to make the voice supple and elastic.

Hepar sulph. calc. Classic remedy in cramp of the glottis and barking cough.

Ipecacuanha has for many years been my favorite remedy

where there is more or less hoarseness, suddenly added to inflammatory laryngeal catarrh. I know no better remedy for quickly removing hoarseness springing from cold. Hardly any cough, but complete aphony. At various occasions I gave *Ipecacuanha* 30, in drops every half hour, and succeeded in clearing the voice in a few hours, easily in twenty-four hours. As soon as the voice returns or cough sets in, a pause must be made or the medicine stopped altogether.

Kali bichromicum acts very well in conjunction with *Ipecac* in inflammation of the larynx and the bronchia with excessive soreness under the sternum in coughing. As soon as this soreness stops, the medicine must be discontinued. In chronic laryngitis, *Kali bichromicum* alone is indicated, with its characteristic expectoration which may be drawn out in long, tough threads even to the feet, attended with foam. The laryngeal mirror frequently shows a tough mucous skin forming a bridge over the bronchia.

Laurocerasus in the mother tincture or also in dilution will alleviate tickling cough (compare *Drosera* and *Corallium*).

Nux vomica is often indicated in hoarseness. Dr. Love, Sr., I believe, frequently prescribed *Nux vom.* and *Phosphorus* in alternation.

Phosphorus is an excellent remedy when rightly used, but dangerous when used indiscriminately; according to my views, it is chiefly suited in irritable weakness of the larynx. I have frequently observed that an incessant cough with pale fauces and anæmia of the mucous membranes, a nervous, irritating cough which resists all endeavors to check it, and is very difficult to alleviate, is frequently quickly cured with *Phosphorus* in high potency and few doses. *Phosphorus* 30 is given for two days, then discontinued for two days, given again for two days, etc.

Rumex crispus. Its characteristic is aggravation of the cough from cold air; at night the patient feels impelled to breathe under cover.

Sanguinaria is a very important remedy in dryness of the mucous membranes in the larynx, fauces and bronchia. The fauces appear shining as if varnished; the patient complains of dryness in the fauces and has difficulty in swallowing the mucus; this dryness is often a trouble to singers.

Senega has close relations to disturbances of the larynx and of the sexual organs. Weariness of a singer's voice from sexual super-exertion.

Spongia. Acute inflammation of the larynx with characteristic sensitiveness of the larynx to touch or pressure. A very good remedy.—*From Revue hom. Franc.*

WHAT A REPERTORY DID.

Acidum Salicylicum.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, May 8, 1902.

From a review by Dr. Mossa of the latest publication of the *Instituto Omiopatico Italiano* we excerpt the following interesting case:

“Dr. Bonino gives us an interesting indication of *Salicylic acid*. The case in question was that of a man of 54 years, formerly member of a military musical band and later a fireman. He was a passionate smoker and a moderate drinker with a voracious appetite. Some blotches on the skin pointed to Hahnemann’s ‘Sycosis.’ For eight years he had been troubled with dyspepsia with frequent sour eructations which he had combatted with copious doses of *Natrum bicarb.* The ailment became worse and he finally applied to Dr. Bonino. He complained of pains in the epigastrium extending to the liver and the spinal column, attended with the vomiting of mucus, tough or sour or bitter masses. He could not bear any food in his stomach except cold milk; constipation. *Arsenicum* and *Capsicum* in a few days gave some relief, but in the last two weeks the ailment had returned in a more violent form, with very frequent vomiting of blood, which looked like coffee, and attended with stools of a similar sort with much mucus.

“Repeated examinations showed a very painful spot in the cardiac region and further on to the left, also a resisting tissue deeper down, but no pronounced tumor. Was this an *ulcus rotundum* or a cancrus formation on the cardiac and the posterior wall of the stomach?

“The copiousness of the blood ejected would point to the former, as also the appearance of pains in the stomach on the ingestion of food, continuing until this was vomited up; but the second seemed to be favored by the seat of the ailment, the pains which extended to the region between the shoulderblades, the abuse of tobacco, the age and sex of the patient, as also the

special sensation of dysphagy near the cardiac orifice, where the food seemed to be held back as by a valve, and which allowed, as it were in rhythmical jerks, the partial passage of the food. The pale, waxy complexion which had appeared in the last days might be due to either of these two causes. But, however, the case might be diagnosed, the severity of the disease and the unfavorable nature of the prognosis was undeniable. *Phosphorus* seemed indicated by the fact that fluid and cold food was momentarily borne by the stomach; *Kali bichrom.* by the ejection of mucus that could be drawn out in threads, and by the local pains. These remedies brought some alleviation, but it was not lasting. *Carbo veget.* and *Animalis* succeeded in checking the vomiting of blood, so that the state of the patient while subsisting on simple, half-liquid food was endurable. This treatment was continued for about a month with satisfactory results, but an error in diet and a return to the tobacco which had been forbidden caused a new violent, piercing, burning pains, then vomiting, sometimes at rare intervals, then again more frequent of mucus and blood resembling black bran and also slimy bloody evacuations. In two weeks several remedies including *Carbo anim.*, *Phosphorus* and *Arsenicum* were tried; but as there was no settled progress Dr. Bonino studied Allen's Repertory of the Encyclopædia, and was directed to *Acidum salicyl.* showing the following symptoms:

" Burning in the mouth and in the region of the epigastrium. Concentrated solutions of 1 to 1,000 act in a corroding manner on the mucous membrane and at once make it chlorotic. Burning in the fauces, pharyngitis hæmorrhagica with dysphagy. Redness, tumefaction and small ulcerations on the posterior wall of the fauces, leading to the ejection of small lumps of cheesy, foetid, matter, with traces of blood, frequent vomiting, erosions of the stomach and of the intestines, ecchymoses and ulcerations of the stomach, burning in the epigastric region."

Dr. Bonino accordingly gave 25 centigrammes of the fourth trituration of salicylic acid, every four hours for two days, then for one month, a dose every six hours, and two weeks, after that once a day before dinner.

Strange to say! from the taking of the first dose, the vomiting ceased, and it has not returned within the last two months, the pains in the epigastrium diminished considerably and progressively, so that there was no pain except when it was strongly

pressed upon; the sour eructations and the expectoration of mucus ceased, and the patient who had become very much emaciated increased eight pounds in weight within a month. The diet had been limited to milk and eggs in gradually increasing quantities, to which latterly beef broth and a little meat were added. Dr. Bonino requests his colleagues to try the remedy in similar cases, so as to further develop the indications for its use.

BOOK NOTICES.

Vaughan and Novy on Cellular Toxins. A Treatise on Cellular Toxins, or the Chemical Factors in the Causation of Disease. By Victor C. Vaughan, Ph. D., M. D., Professor of Hygiene and Physiological Chemistry, and Frederick G. Novy, M. D., Junior Professor of Hygiene and Physiological Chemistry in the University of Michigan. New (4th) edition, revised and enlarged. In one 8vo. volume of 480 pages, with six illustrations. Cloth, \$3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1902.

If cell-poisoning, as is now held by many physicians, is the origin or starting point of infectious diseases then this book is a very important one. This edition presents a new work rather than a revision. The knowledge of the chemistry of the infectious diseases has changed and developed so much during the past few years that not only was it necessary completely to rewrite this book, but its title had to be changed to conform more appropriately to the accepted facts of to-day.

The paper, mechanical part and the binding are up to the high Lea standard.

Diseases and Therapeutics of the Skin. By J. Henry Allen. M. D.

After describing the anatomy and physiology of the skin, it takes up the various diseases, such as the inflammations, abnormal excretions and secretions, chloasma, new growth,

hæmorrhages, atrophics, and parasites, both animal and vegetable, and concludes with dermatological therapeutics. The descriptions are lucid, concise and unencumbered by purely controversial matter. They convey an intelligent mental picture of what they describe even without the aid of colored plates, though the latter without doubt would have been a valuable addition.

The last part, treating of therapeutics, is very strong and takes up 125 pages—a very fair proportion of the book. Good, sound indications are given for practically all the remedies of use in such diseases. The book is supplemented by a satisfactory index.—*C. H. H., Homœopathic Eye, Ear and Throat Journal.*

Therapeutics of Fever. “While the book treats of the various fevers as they appear on the title page, Professor Allen never loses sight of the fact that the patient, not the fever, is to be treated, and in reality cares little for the specific name. The remedies are individualized, not generalized, and the peculiar idiosyncrasies and constitutional inheritances of the patient are made the basis of the application of the remedy. This is the true homœopathic spirit and should prevail whenever a cure is desired.”

“The book is beautifully printed and bound and should have a sale that will take in every homœopathic physician. All who know Professor Allen know that he is a past master in the art of an individualized prescription, and they will rest secure in the knowledge that there is no useless material in the latest masterpiece from the hands of its renowned author.”—*Medical Century.*

Practical Medicine. By F. Mortimer Lawrence, A. M., M. D.

Imprimis, it is “awfully” good to see so fine a book, prepared by so excellent an author, with so little of the flourish of trumpets and illuminated-transparency on the title page. No long row of initials, no half page of small type chronicling the membership of the author in every little society the world over. Simply a statement of the barest facts to give currency to his identity and nothing more. And the same masterly brevity adorns each page of his book. Dr. Lawrence is undoubted master of his subject. Every page and every paragraph on every page is pregnant with that idea. It would be difficult to open the

book at haphazard and not be interested, after reading but a dozen lines. The subject is one which will carry a perennial interest when we of this generation, and others of all after-coming generations, shall have been gathered unto our fathers, and the last man is seated on the ruins of the last bridge, sketching the ruins of all human life. The author dips into his work without unnecessary circumlocution. He does not explain and amplify, and deny and hedge, upon this or the other theory, creed, or system. His mission is to give his readers the facts as they appear to him; upon which others may build their glittering hypothesis, if so minded. Every subject known to modern disease-study is brought to the front and dispatched, with sufficient length and discussion to give a good starting point for practical usage. Dr. Lawrence is an up-to-date physician. But he could be no other while inhabiting a professorship in "old" Hahnemann, of Philadelphia. That is a notorious hotbed of advanced men, students and thinkers in every line of medical work. A view of the teaching corps discloses the names of many who have become deservedly famous in the medical book world, as well as in teaching the very best to be found in Homœopathy and allied science-medical. While Goodno and Bartlett are acknowledged masters in practice-writing and teaching, Dr. Lawrence follows closely upon the steps of these masters; giving due credit, confining himself, however, to the student point of view, while these other great teachers and authors have taken the great field of the practicing physician. In speaking with some of the Professors of the Cleveland school, we learn of the great favor in which they hold this volume; and we doubt not the same praise will be accorded to it from other teachers in other of our schools. And the hypercritical homœopathic editor of *THE AMERICAN PHYSICIAN* has not so far been able to find a single instance of wavering in the recommending of the homœopathic remedy and in the singleness of the original teaching. We heartily recommend this book to the profession as well as the student world, in the belief that the greatest work will come to the reader, because the book is alive, free of must and dust; the red blood of interest and information coursing through every page and through every subject. The Hahnemaun "boys" have a reputation for their Homœopathy and thoroughness in medicine, wherever you find them. We sincerely congratulate Dr. Lawrence and the homœopathic profession upon this addition to the bookshelf.—*American Physician*.

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EDITORIAL BREVITIES.

GOVERNOR STONE FLOUTS THE HOMŒOPATHS.—In 1887 there were two pharmacy bills passed and in the hands of Governor Beaver; one creating a Homœopathic Pharmaceutical Examining Board for the homœopathic pharmacists, and one doing the same for the allopathic druggists. Governor Beaver said he would sign both bills, but thought it would be much simpler to have but one Examining Board and to give the homœopaths one member on it. After discussing the matter, all parties agreed to the Governor's suggestion. To save sending the bills back for amendment the honor of the State was pledged that one member of the Board should be a homœopathic pharmacist. It was an unwritten law, something that men of honor regard as equally binding as written law. The agreement was faithfully kept by all Governors, Republican and Democratic, until the present man was elected; he, by refusing to give the homœopaths a representative on the Board, as he has done by appointing an old school druggist in July to succeed the homœopathic member whose term had expired, has deliberately violated the pledged word and honor of the State and party, and this was done simply to add another henchman to his personal political "machine." Aside from all questions of the honor that rules among gentlemen, this insult to the homœopaths is bad politics, and the Senate and House would do well to refuse to confirm this appointment that rightfully belongs to the homœopathic pharmacists, for the homœopathic profession and their clientele are a large body in Pennsylvania, and it is blundering politics to insult them.

KRAFT'S EUROPEAN TOUR.—Our homœopathic Cook is getting up another European tour, for 1903, and all who want to go with

a genial manager and in select company should address Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio, for particulars and terms.

THE STUDY OF MATERIA MEDICA.—In a very interesting paper read before the Western New York Homœopathic Medical Society, by Dr. A. B. Rice, of Jamestown, N. Y., and printed in the *Hahnemannian Monthly* for June, the Doctor finds that “the helps best adapted to assist” in gaining a practical knowledge of our Materia Medica are as follows: “The best work yet written, in my judgment, is Nash’s *Leaders in Therapeutics*. Its easy conversational style, and a remarkable facility in bringing out the individuality of the remedy, make it invaluable to the student, young or old. Each physician might study out for himself these things; but life is too short, and the work too difficult to be entrusted to unskilled hands. The *Pocket Manual* of William Boericke, just published, has as an introduction to the study of each remedy some practical remarks, pointing out the general scope of the remedy, that are very helpful. H. C. Allen’s *Key Notes* are valuable, especially in the mental symptoms and the modalities.”

ECHINACEA.—Dr. E. N. Ritter, of Williamsport, Pa., in *Medical Summary* for May, concludes an article on this drug as follows: “I have found *Echinacea* superior to anything else in the dressing of wounds and open sores. It will save many a limb from the surgeon’s knife, and, in some instances, the life of a patient.”

WHERE WILL IT STOP?—Some day a wrathful people will arise and smite these “health officers” hip and thigh. There is one of them who has “prohibited” the use of limberger cheese, in Louisville, because, forsooth, it has microbes. Of course it has microbes, regular snakes, but what of that? This is too much!

OLIVE OIL FOR GALL STONES.—“While visiting last summer in Franklin, Ind., I was informed that Mrs. A. was quite sick, by the physician attending her. After a short time he came down stairs and in the course of conversation said he had diagnosed gall stones, and as I had just returned from Austria he asked what remedy was now being used there. I told him I believed that *Olive oil* was used in Austria more than anything else. He administered a large dose to this woman, and two days later showed me a handful of gall stones which she had passed.”—*Dr. E. Moraweck in Amer. Pract. and News.*

ANOTHER VIEW OF IT.—Cooper, the *Gleaner* man, affirms that vaccination does not do one-tenth the harm that its enemies say it does, and that it does not do one-tenth the good its advocates claim for it. He is also “agin” compulsory vaccination.

COMBINATION TABLETS.—“Those tempted to try easy methods of cure and use this seductive combination tablet should remember that success is obtained only through work. And nowhere is work more richly rewarded than in Homœopathy. It pays to search the *Materia Medica*. Our well known physicians are those who are most successful in selecting the *similimum*. And while some may depart from the straight path and use other methods later in life, in most cases they keep their practice only because they are banking upon the reputation made in their early days.”
—*Alfred Drury, N. Y., in N. Am. Jour. of Hom.*

“STOCK.”—The *N. Y. Medical Times* for August warns physicians against taking “stock” in the many alluring schemes almost daily put before them, and the warning is a needed one. The physician when he has saved some money should first seek absolute safety in his investment and not look for big returns. The stock of a *safe* company making big money is not hawked about, the “insiders” take it and only sell at a big premium. Bonds and mortgages are the property to invest in if you would have something for old age.

WHO CAN IT BE!—Dr. Frank Knaft, *American Physician*, August, writes: “Having latterly been charged by implication with unfair treatment of homœopathic books by a homœopathic publishing firm traveling under a historic name, no member of the present corporation bearing that name, we rise in our seat to defy any homœopathic publishing house anywhere to substantiate the charge of our injuriously criticising a *true* homœopathic book.” None of ‘em can do it, friend Knaft. The late A. J. Tafel, an experienced publisher, used to tell the critics that if any of the B. & T. books merited criticism to give it freely, for he did not want to palm off a worthless book on the medical profession. That is the true policy for publishers.

CORRECT HOMŒOPATHY.—“A correct Homœopathy is a scientific procedure, a careful individualization, a rifle-shot directing of medication, a precise, accurate, successful adaptation of the right remedy in each individual instance, and not a wholesale

adoption of supposed specifics which have no proven value and no pathogenetic outlining upon which we can work unerringly. I look upon it as lamentable and thoroughly inconsistent that we should continue to uphold and justify Homœopathy as a separate and deserving system of practice and yet hold that the best it can do is to cure everything pretty well but diphtheria, everything pretty well but pneumonia, everything pretty well but typhoid fever, everything pretty well but epilepsy, everything pretty well but syphilis, everything pretty well but pain, and so on down the list, according to the individual notions, weaknesses and unbeliefs of individual practitioners."—*Dr. C. E. Fisher, Hom. Jour. of Pediatrics.*

MUSOLINO VS. LOMBROSO.—"Musolino was an Italian bandit, who long defied the civil and military authorities, and by means of a criminal condition of society (there are annually about 4,000 homicides in Italy) became somewhat of a Robin Hood in the esteem of the people. When finally captured and placed on trial his defender were greatly aided by pleas in his behalf by the adherents of the Lombroso school, that the man was a 'moral idiot,' a 'born criminal,' an 'epileptoid,' a 'tuberculous imbecile,' etc., and scarcely above the mental and moral condition of an 'anthropoid ape.' But this 'science,' or 'psychiatry,' was more than Musolino could endure even to save his life, and he 'denied the allegation and defied the allegator' with successful indignation. He was accordingly condemned to penal servitude for life, much to the credit of society, and not less to that of law and of psychiatry."—*American Medicine.*

PERSONAL MENTION.

Dr. Geo. C. Burnley has hied himself to the mountain top, having removed from Williamsport to Liberty, Pa. He is the only homœopath there and is doing well.

Dr. Ralph J. Iszard has bought the practice of the late Dr. Shivers, of Haddonfield, N. J. Dr. Iszard previously was on the staff of the Blackwell's Island Hospital, N. Y.

Dr. Frank A. Woods, of Holyoke, Mass., enjoyed a well earned vacation in Europe this summer.

Dr. E. H. Baldwin, of Newark, N. J., is in Europe studying the latest in his specialty, the eye.

The address of the Journal of the British Homœopathic Society is Dr. Goldsborough, 32 Weymouth street, Portland Place, London, West England.

Dr. S. K. Royle, of 101 West 84th street, New York City, has been appointed Visiting Physician to the consumption ward, Metropolitan Hospital, Blackwell's Island.

Dr. Wm. Tod Helmuth will spend the month of August at East Hampton, Long Island. Dr. Chas. Gennerich, of 181 East 64th street, taking charge of his practice during the month.

Mr. M. L. Meredith, steamboat agent at Monroe, La., writes: "There is a fine opening here for a homœopathic physician. One coming well recommended could build up a good business."

Dr. Henry Valentine Broeser, who was two years in the Flower Hospital, New York, has opened an office at 716 Washington st., Hoboken, N. J. Dr. Broeser has been appointed examiner for the Industrial Ordinary Dep'ts of the Prudential Insurance Co.

Dr. M. L. Kunkelman has concluded to make Nebraska City, Nebraska, his future home. Good homœopathy is a winning card wherever there are intelligent people, and the doctor ought to succeed in his new home.

Dr. J. McMichael, 50 W. 89th St., New York City, sailed for Switzerland early in August on the steamer Minnehaha. He will spend a month in the famous Swiss Alps.

Dr. Ralph Stewart, who has spent the last three years on duty at the Flower Hospital, has taken charge of the practices of Dr. E. G. Tuttle, 61 W. 51st St. and Dr. St. Clair Smith, 25 W. 50th St., New York City, while those gentlemen are enjoying a well earned vacation.

Dr. J. F. Simonson, 49 W, 86th St., New York City, has accepted the chair of Professor of Diseases of Children in the New York Homœopathic Medical College, succeeding Dr. Martin Descher, deceased. A good appointment.

OBITUARY.

Dr. Nancy T. Williams, of Augusta, Maine, who contributed so liberally to the Hahnemann Monument, died on July 29th.

PERSONAL.

A bird in the hand is worth two in the bush, unless it is a sparrow, in which case it is worth nothing.

Cauliflower, it is said, is cabbage with a college education.

A pessimist finds pleasure in misery.

Echinacea θ gives good results in boils and carbuncles.

Doesn't "AMERICAN *medicine* " smack of limitations?

Well, Mary, if reports are true you can buy a political machine, but we would advise you to stick to your Victor wheel.

South Africa no longer occupies the centre of the stage. Next!

The mosquito must go! But will he?

Bishop Stanford advised every one to take a fan along at death.

"Goat Lymph" will cure more diseases than Thingumbobs Elixir of Life.

When the new boarder told the landlady he had been troubled with insomnia she indignantly informed the table that there were none of them in any of her beds.

The Cheerful Idiot says "Take things easy," which is akin to telling a man to take ten hours' sleep every night.

When it comes to Therapeutics all is vanity and vexation outside of Homœopathy.

The History of the American Institute of Homœopathy running in RECORDER will stop at 1876. The remainder will come out in book form only.

Horner is making a fine periodical of his *Medical and Surgical Reporter*.

Roswell Park says that the gall-bladder should go like the appendix.

The clinical difference between "cheap" and the best medicines is amazing and the loss of one patient will over-balance all "savings" from the "cheap" preparations.

Don't be frightened at proposals to drop the word "Homœopathy." It will easily survive any private or official dropping.

No, Mary, the "conscience fund" is not one to which you should subscribe. Give your pennies to some other fund.

An esteemed subscriber asks what has become of "John." Guess he is a senior now.

When the lady standing in a street car accidentally dropped her handkerchief in the lap of a short-sighted man, he blushed and hastily tucked it away.

\$1.00 a year for the RECORDER.

THE HOMŒOPATHIC RECORDER.

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No. 9

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Twenty-sixth Annual Session.

The twenty-sixth session of the American Institute of Homœopathy was held in Cleveland, Ohio, June 3 to 6, 1873.

The preliminary meeting was held at the residence of N. Schneider, M. D., on Prospect street, on Monday evening, June 2, 1873. Dr. Schneider and his wife greeted the members of the Institute, and their ladies, with most genial hospitality, and friends long seaprated were enabled to exchange friendly and fraternal greetings while enjoying their bountiful entertainment.

The regular meeting opened on June 3, in the Hall of the Cleveland Homœopathic College, on Prospect street, at 10 o'clock, with President Alvin E. Small, M. D., of Chicago, in the chair. Rev. Dr. Baker, of Cleveland, opened the session with an earnest prayer. After the President had proclaimed the order of business, J. C. Sanders, M. D., was introduced and delivered a short but very impressive address of welcome, inviting the members to a much needed rest in the beautiful city of Cleveland. He hoped that the work of the Institute would go on without interruption, and that this session should be memorable as the most interesting and useful one that had ever convened. After this address the President, Dr. Small, delivered the Annual Address. He began by thanking the Committee of Arrangements for their kindly welcome and mentioned that in the twenty years that had passed, since the Institute had met in the beautiful city, many changes had come and some, who had then been active, had gone

to their long rest. Others had seemed to get weary and either met with the Association without taking active part or else forsook their brethren altogether. He sincerely hoped that the advent of new members would not only fill the places but increase the honor and usefulness of the Institute.

Dr. Small noted that this was the first national body to organize for the express object—the improvement of Medical Science, and he pointed to the record of the preceding twenty-five sessions to prove how far the object had been attained. He said, of the original members only about twenty remained upon the roll of membership and four of these were of the pioneers of Homœopathy in this country. They were, Drs. Constantine Hering and Jacob Jeanes, of Philadelphia; John F. Gray, of New York, and F. R. McManus, of Baltimore. These four were true representative men of the school forty years before this time. They had won the honor and love of the younger members of the profession, who looked up to them as they looked up to Hahnemann. From 1844 to the present session the speaker traced the progress of Homœopathy and the American Institute, and enjoined upon the brotherhood to use their utmost efforts to keep the streams of knowledge flowing from the various bureaus. He spoke of the many Auxiliary Associations that had been formed and had done noble service in the good cause, until even the General Government had granted a reluctant recognition of Homœopathy by appointing a few of its practitioners to hold positions in the service. In speaking of the rapid advancement of the science in the later years, Dr. Small advised great caution in keeping to the strict rules by which the law of similars was to be demonstrated. He mentioned the danger of blood-letting for the relief of pain, or of administering anodynes and anæsthetics as palliative agents. No physician should presume to take the life of a patient into his hands without most conscientious care in the administration of drugs for any purpose. Said he, "Let him listen to the appeal of the quaint emblemist :

'Hold thy hand, health's dear maintainer,
Life perchance may burn the stronger;
Having sufficient to maintain her,
She untouched may last the longer.
When the artist goes about
To redress her flame, I doubt
Oftentimes he snuffs it out.' "

Dr. Small continued by warning no man to profess to practice Homœopathy while offending against its law by using decidedly Allopathic treatment in mixtures, counter irritants, cathartics, etc., saying that such practice was treason against the law of cure.

The *Materia Medica* received his next consideration, then Clinical Medicine and Surgery. Medical Education he looked upon as a great necessity and expressed his opinion relating to private preceptors, and to the literature and books, both special and general, to which he directed most interested attention as guides to higher medical ability for coping with disease. Finally the eminent speaker predicted a brilliant future for the science which one day would embrace the world in its benignant system of curing and eradicating diseases.

On motion of Dr. Swazey a committee of three—Drs. G. W. Swazey, L. E. Ober and Pemberton Dudley—were appointed to take action upon the President's address.

The President then announced the appointment of T. F. Smith, M. D., New York; N. Schneider, M. D., Cleveland, and T. L. Brown, M. D., Binghamton, N. Y., as the Committee on Credentials, and S. M. Cate, M. D., Salem, Mass.; E. C. Beckwith, M. D., Zanesville, O., and James H. McClelland, M. D., Pittsburgh, Pa., as Auditing Committee.

The report of the Committee on Publication was made by R. J. McClatchey, M. D., General Secretary, in which he stated that the transactions for 1872 had been printed. It included everything which transacted during the session and made a fine volume of four hundred and eighty pages. Five hundred and forty-two copies were distributed in the Institute membership and all American Homœopathic journals and several journals of foreign countries also received volumes. The delay in printing was caused by the slowness with which the General Secretary received the papers from the authors, but he hoped that the new regulations would obviate all such difficulty in future. The Committee expressed sincere thanks to C. R. Morgan, M. D., phonographer, for his complete list of business, debates, etc., of the session.

The Report of the Treasurer, E. M. Kellogg, M. D., was pronounced correct by the Auditing Committee. With great pleasure Dr. Kellogg stated that the Institute was not only free from debt, but that it had a small balance in the Treasury. He offered this resolution, which was adopted unanimously:

“Resolved, That all members of the Institute, who have been

members in good standing for twenty-five consecutive years, shall be placed on the Honorary Roll; and, while retaining all the rights and privileges of full membership, shall be exempt from the payment of further dues."

The adoption of this resolution placed about eighty members on the Roll of Honor.

In consideration of the outrage perpetrated upon homœopathic doctors by the Massachusetts Medical Society some time previous, J. P. Dake, M. D., offered the following resolution which would show the Society in what opinion they were held by the professional brethren who were but fighting a noble battle for freedom of thought and action:

"*Resolved*, That the American Institute of Homœopathy protests against the recent attempt of the Massachusetts Medical Society to brand as guilty of conduct unbecoming and unworthy of an honorable physician such of their members as, having a thorough medical education and unblemished characters, conscientiously practice Homœopathy; that such action is subversive of freedom of thought in a science which demands the most untrammelled investigation, and aims a death-blow at any improvement in medicine; that it is an insult alike to the practitioners and the patrons of Homœopathy, and that it must react with greatest force upon those who thus attempt to destroy characters and enslave science."

W. H. Watson, M. D., Utica, N. Y., seconded the motion, stating that the oldest national medical association in America should certainly set a seal of disapproval upon the action of the Massachusetts Medical Society. The resolution was adopted unanimously.

The Bureau of Materia Medica, Pharmacy and Provings, under the acting President, I. T. Talbot, M. D., who was substituted for Chairman Dr. Conrad Wesselhœft, who was absent from necessity, reported the following papers:

"Special Report of a Plan for the More Thorough and Proper Proving of Remedies and Notation of Symptoms," by J. P. Dake, M. D., Tennessee.

"Is the Reproving of the Materia Medica Possible Under Existing Circumstances; and if So, Can the Great Object of Purifying It be Attained in the Way Proposed by the Advocates of Improving?" by Wm. E. Payne, M. D., Bath, Maine.

"The Purification of the Materia Medica," by Charles Cropper, M. D., Oxford, Ohio.

"Provings of *Fagopyrum esculentum*," by Dexter Hitchcock, M. D., Norwalk, Conn., presented by T. F. Allen, M. D., New York.

"Two Provings and a Resumé of Calcium Sulphite," by Clarence M. Conant, M. D., also presented by T. F. Allen, M. D.

"Provings of *Eucalyptus globulus*," by E. M. Hale, M. D., Chicago.

"Report and Conclusions from a Physiological Proving of Vaccine on Sheep," by Jonathan Pettet, M. D., Cleveland, Ohio.

"Sulphur in Acute Diseases," by Conrad Wesselhœft, M. D., Boston.

"Verified Symptoms—a Few Pathogenetic and Clinical Observations," by Wallace McGeorge, M. D., Woodbury, N. J.

The Institute having directed the Bureau of Materia Medica to prepare a plan for the more thorough and efficacious proving of drugs and notation of symptoms, Dr. Talbot called upon J. P. Dake, M. D., to read his paper upon the subject in question. After the reading there was a learned and very interesting discussion by Drs. Duncan, Dudley, Beckwith, Bowen and others.

There was a proposition to guarantee Dr. Hering the cost of the publication of his complete Materia Medica. After discussion the matter was laid upon the table, while other business was attended to. The Committee on Credentials, F. R. McManus, M. D., Chairman, reported the names of seventy-one doctors eligible for membership. They were elected, only one slight objection being made to the school from which one graduated, but it was overruled.

At the afternoon session, I. T. Talbot, M. D., read the paper prepared by William E. Payne, M. D., on "Is the Re-Proving of the Materia Medica Possible Under Existing Circumstances," etc.

J. P. Dake, M. D., made a short speech concerning the proving of drugs and the opposition which he had personally encountered in 1852, by Dr. James King, once Surgeon General of Pennsylvania. Dr. Dake requested to offer the proposition of a plan for provings and symptom notation, but time and again, by some adverse circumstances, his idea was set aside. Now, having received recognition before the Institute, he proved the necessity of a plan through the requirements of the Law of Similia. He also gave a brief, but very faithful history of drug proving, and showed the necessity of a College of Provers. In pursuance of his plan, Dr. Dake told of the old ways of improving the Materia Medica,

mentioned the need of the removal of spurious symptoms from provings, and gave a slight history of the objections to a College of Provers. Dr. Swazey thoroughly agreed with Dr. Dake in his plans, and Dr. Beckwith offered preamble and resolution in accordance with this conviction. The preamble and resolution were referred to a committee to report during the session.

At the evening session the Bureau of Clinical Medicine made its report through J. C. Burgher, M. D., who was in the chair in place of the absent Chairman. Dr. Burgher announced the following papers:

"Practical Remarks on Pulmonary Consumption," by Wm. H. Holcombe, M. D., of New Orleans.

"Hints on the Management of Phthisis Pulmonalis," by George A. Hall, M. D., Chicago.

"Ferrum versus Phthisis," by E. C. Beckwith, M. D., Zanesville, O.

"Regular and Systematic Respiration of Pure Air as a Prophylaxis of Phthisis," by J. C. Burgher, M. D., Pittsburg.

"An Examination of the Apparent Causes and Results of Treatment in One Hundred Cases of Phthisis," by H. B. Clarke, M. D., New Bedford, Mass.

"Statistics of the Comparative Mortality in New York, Boston and Philadelphia, Under Homœopathic and Allopathic Treatment," by E. M. Kellogg, M. D., New York.

"Alcohol in Disease," by Daniel Holt, M. D., Lowell, Mass.

"Three Cases Cured by Natrum muriaticum," by William Gallupe, M. D., Bangor, Maine.

"Small-pox and its Prophylactics," by Jonathan Pettet, M. D., Cleveland.

"Anal and Rectal Fissures," by William Eggert, M. D., Indianapolis.

A long discussion followed on Phthisis Pulmonalis, its symptoms, treatment and cure, by many of the learned doctors of the Institute.

The Wednesday morning session opened at 9:30 o'clock. One of the first matters before the Institute was the resignation of J. H. Marsden, M. D., of York Sulphur Springs, Pa. which, was accepted. The interrupted discussion of Clinical Medicine was then resumed. After a few remarks on Phthisis Pulmonalis and the treatment of the disease, E. C. Franklin, M. D., moved that Rollin R. Gregg, M. D., who had addressed the meeting on the

subject, should be requested to furnish a paper on the experience in his practice with the disease.

J. P. Dake, M. D., read the report of the committee appointed to investigate certain alleged "Unauthorized Changes in the By-Laws." Giving a succinct report of the whole matter, Dr. Dake reported that the committee found the unauthorized alterations were the result of several uncontrollable accidents, and not any intentional criminality in defacing or misinterpreting the By-Laws.

The report was accepted and the matter dropped.

The Secretary read a partial report from the Bureau of Organization, Registration and Statistics, which principally concerned the drafting of a new Constitution and By-Laws. It was referred to the Secretary to have printed in pamphlet form and be sent to each member with the Transactions.

The Bureau of Obstetrics and Diseases of Women and Children reported through the Chairman, R. Ludlam, M. D., who stated that the matter for special report was Leucorrhœa.

The papers in hand were:

"Leucorrhœa and Its Relation to Menstruation," O. B. Ganse, M. D., Philadelphia.

"Leucorrhœa as a Conservator," John C. Sanders, M. D., Cleveland, O.

"Leucorrhœa as Modified by the Different Dyscrasiæ," R. Ludlam, M. D., Chicago.

"Leucorrhœa from Vaginal Catarrh," John J. Youlin, M. D., Jersey City, N. J.

"A Case of Dystocia, Followed by Puerperal Mania," Wallace McGeorge, M. D., Woodbury, N. J.

"A Case of Prolapsus Uteri, with Adhesions," Mercy B. Jackson, M. D., Boston.

"Inversion of the Uterus," Mary Safford Blake, M. D., Boston.

"A Case of Encephalocele," W. K. Williams, M. D., Philadelphia.

The papers being read and discussed the Bureau retired.

N. F. Cooke, M. D., Chicago, presented preamble and resolutions, which were referred to a committee for consideration at a future meeting.

A Sub-Bureau of Gynæcological Surgery having been instituted at a previous meeting, the Bureau gave its report in papers as follows:

"Clinical Cases," Cornelius S. Ormes, Jamestown, N. Y.

"Cervical Endometritis," S. R. Beckwith, M. D., Cincinnati.

"Electrolysis in Ovarian Tumor," Willis Danforth, M. D., Chicago.

At the afternoon session President Small occupied the chair.

Dr. Mayer Marix, of Denver, Colorado, presented the following preamble and resolutions, which were adopted:

"WHEREAS, The interests of Scientific Homœopathy imperatively demand that all sources of information tending toward the successful treatment of disease or the amelioration of physical suffering should be made available, and,

"WHEREAS, Climatic influences are of the greatest importance in many forms of acute and chronic diseases, and,

"WHEREAS, The area of the United States is so vast that it presents the greatest variety of climate; therefore,

"*Resolved*, That the President of the American Institute of Homœopathy be and he is hereby authorized to organize a Committee of Climatology, to be composed of one member from the North Atlantic coast, one member from the Atlantic coast, south of latitude 32°; one member from the western and one from the eastern extremity of the interior lakes, one from the Middle States, one from the Northwestern, and one from the Southwestern States, one from the high interior, and one from the Pacific coast. And it shall be the duty of the Bureau of Climatology to present at the next session of the Institute, and for its consideration, a complete and systematized report of the Climatology of the various sections of the United States, enumerated above, and with special reference to their adaptability in the treatment of disease."

The discussion of papers was continued by numerous doctors, who gave personal experiences in treatment of gynæcological cases. Criminal Abortion was argued with regard to the use of the word Criminal.

The meeting was interrupted to hear a communication relating to the Massachusetts Medical Society and its action, which was discussed and then laid by for future attention.

The Bureau of Surgery then made its report through J. H. McClelland, M. D., acting Chairman for Bushrod W. James, M. D., who was unavoidably absent. The special subject for consideration was "Diseases of Bones and Their Medical and Surgical Treatment." The papers presented were:

"Rachitis," by N. Schneider, M. D., Cleveland, O.

"Tumors of Bone, Benign and Malignant," E. C. Franklin, M. D., St. Louis.

"Suppuration and Abscess of Bone," M. W. Wallens, M. D., Somerville, N. J.

"Caries," C. P. Seip, M. D., Pittsburg.

"Necrosis," L. H. Willard, M. D., Alleghany City, Pa.

"Reproduction and Repair of Bone," J. H. McClelland, M. D., Pittsburg.

"Therapeutics of Bone Diseases," J. C. Morgan, M. D., Philadelphia.

"A Case of Strangulated Umbilical Hernia with Removal of Six Inches of the Intestine," H. F. Biggar, M. D., Cleveland, O.

A lengthy discussion was interrupted by the lateness of the hour and the arguments were resumed at the morning session.

The Bureau of Ophthalmology and Otology made a report through its Chairman, T. P. Wilson, M. D., who, in a few words, explained that the short time in which the Bureau had time to work had resulted in but few papers, but promised a better showing in future. The papers were:

"Clinical Cases in Ophthalmology," C. H. Von Tagen, M. D., Cleveland, O.

"An Account of Thirty-five Operations for Cataract," Malcolm Macfarlan, M. D., Philadelphia.

"On the Use of Spectacles" and "Asthenopia," T. P. Wilson, M. D., Cincinnati, O.

Dr. Wilson showed a new kind of Syringe for cleaning the ear, which he hoped would obviate the usual annoyance caused by the use of the ordinary syringing.

A discussion relating to the taking up of papers once discussed was settled by the adoption of this resolution, made by I. T. Talbot, M. D.:

Resolved, That no cases of papers previously published shall be received by the Institute or published in its Transactions."

The first business of the afternoon session was the discussion of the place in which the next meeting should be held. Invitations were received from New York City, St. Paul or Minneapolis, Minn., and Niagara Falls, New York. The decision was in favor of Niagara, and the Executive Committee, together with the members from Buffalo, N. Y., were constituted the Committee of Arrangements.

The Committee on Nomination then reported the names of M. Mayer Marix, M. D., Chairman, Denver, Colorado; William E. Payne, M. D., Bath, Maine; W. H. Holcombe, M. D., New Orleans, La.; J. G. Gilchrist, M. D., Tidioute, Penna.; A. R. Wright, M. D., Buffalo, N. Y.; T. C. Duncan, M. D., Chicago, Ill.; W. H. Leonard, M. D., Minneapolis, Minn., and F. Hiller, M. D., San Francisco, Cal., as the Bureau of Climatology.

E. C. Franklin, M. D., made a motion that the clause in the By-Laws appointing nine members for the Bureau of Surgery should be amended by adding the words "or more" after "nine." The motion was adopted.

J. D. Buck, M. D., presented the report of the Bureau of Anatomy, Physiology and Hygiene.

A. R. Thomas, M. D., Chairman of the Bureau, being absent, Dr. Buck acted in his place and offered the following papers:

"Diet for the Sick," A. R. Thomas, M. D., Philadelphia.

"Diet of Infants and Young Children," John C. Morgan, M. D., Philadelphia.

"The Hygiene of Infants," Emma Scott, M. D., New York.

"The Nervous System," J. D. Buck, M. D., Cincinnati.

These papers were freely discussed and peculiar experiences related in the feeding of infants.

The Bureau of Psychological Medicine announced its work through Clement Pearson, M. D., of Cleveland, who reported:

"Vital Dynamics," J. H. P. Frost, M. D., Danville, Pa.

"The Importance of Mental Symptoms in our Provings and Prescriptions," Clement Pearson, M. D., Cleveland, O.

"Non-Restraint in the Treatment of the Insane," Samuel Worcester, M. D., Burlington, Vt.

The papers were read and discussed with great interest.

T. L. Brown, M. D., made a few remarks, in which he gave his opinion that physicians should live as they would have their patients live, thus giving example as well as precept.

At the evening session S. Lilienthal, M. D., of New York, presented the report and papers of the Bureau of Medical Literature.

The papers were, "The Present Need of Homœopathic Literature in America a Publishing Society," Samuel A. Jones, M. D., New York; "The Medical Literature of 1872," Samuel Lilienthal, M. D., New York. These papers were accepted and referred for publication.

William H. Watson, M. D., Utica, N. Y., offered the following resolutions, which, after discussion, were unanimously adopted:

"Resolved, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of 'No taxation without representation' by sectarian monopoly of national, State, county or city institutions, supported by legal assessment, or of those private eleemosynary institutions which derive their support from individual contributions.

"Resolved, That the recognition of this principle by the Legislature of Michigan, by its action at its recent session in creating Professorships of Homœopathy in the University of that State, meets with the most hearty approval of this body."

The Bureau of Organization, Registration and Statistics made its report through Pemberton Dudley, M. D., who gave, "Statistics of Comparative Mortality under Homœopathic and Allopathic Treatment in Special Diseases in Philadelphia During the Year 1872," the only paper presented.

The Bureaus all having reported, the President announced the appointments for the ensuing year.

Reuben Ludlam, M. D., offered the following resolution:

"Resolved, That the thanks of the American Institute of Homœopathy are hereby tendered to the physicians of the State of Minnesota and of the City of New York for their invitation to hold the Twenty-Seventh Session of the Institute within those places respectively." The resolution was adopted.

The Committee on the President's Address, G. W. Swazey, M. D., P. Dudley, M. D., and L. E. Ober, M. D., reported very favorably and recommended its publication, and that it should be read by all physicians.

G. W. Swazey, M. D., presented the following resolution which had been adopted by the Senior members of the Institute:

"Resolved, That the Senior members of the American Institute of Homœopathy tender their thanks to the Institute for the distinguished consideration shown them in being exempted from the payment of further dues, while retaining all other rights and privileges of full membership."

The Committee on a Homœopathic Dispensatory was represented by the Secretary, T. F. Allen, M. D., who was the only one of the Committee present. He stated that the work had been deferred by the absence from the country of the Chairman, Dr. Carroll Dunham, on account of illness. The work was progressing under the different members and no doubt would soon be ready for publication. By request, Samuel Lilienthal, M. D., became a member of the Committee.

Francis Woodruff, M. D., of the Committee on Legislation, reported that T. F. Pomeroy, M. D., of Detroit, Mich., was ready to present, on behalf of the Homœopathic Medical Society of Michigan, a communication from that Society to the Institute.

It was in effect a clear statement of the success of the advocates of Homœopathy in gaining admittance for Homœopathy into the University of Michigan and several important Institutions of the State and predicting a brilliant future for the Law of Similia in the United States.

I. T. Talbot, M. D., offered the following resolution:

“Resolved, That the Committee on Legislation be and are hereby instructed to prepare and obtain an act of incorporation for the American Institute of Homœopathy, and report a suitable plan for permanent organization under it.” Adopted.

The Committee on Foreign Correspondence was next called but having no report to offer the Committee was continued for another year.

The Committee on the World's Homœopathic Convention was next in order. Pemberton Dudley, M. D., the Secretary, presented the report, which stated that the Committee had held two meetings during the present session of the Institute. On account of his illness, Carroll Dunham, M. D., President, had tendered his resignation, but it was positively refused, and I. T. Talbot, M. D., was appointed Vice-Chairman in his place.

O. S. Wood, M. D., Omaha, Neb., was appointed a member of the Committee in place of W. H. H. Sisson, M. D., deceased, and E. C. Franklin, M. D., St. Louis, Mo., in place of T. G. Comstock, M. D., who declined to serve on account of absence from home.

J. H. Jones, M. D., Bradford, Vermont; G. W. Swazey, M. D., Springfield, Mass.; Henry D. Paine, M. D., New York; G. W. Pope, M. D., Washington, D. C.; J. H. Way, M. D., Nebraska City, Neb.; L. Lukens, M. D., Newport, Del.; E. J. Frazer, M. D., San Francisco, Cal.; J. M. Schley, M. D., Savannah, Ga., and A. E. Higbee, M. D., Red Wing, Minn., were appointed additional members of the Committee.

Robert J. McClatchey, M. D., asked that the Executive Committee, consisting of Philadelphia physicians should be increased by the addition of Drs. A. R. Thomas and Thomas Moore. The request was granted.

Drs. Talbot, McClatchey and Dubley were constituted a

Committee to ascertain whether provision would be made by the Centennial Commission for the sessions of the various scientific and other bodies which were expected to convene in Philadelphia during the Centennial Exhibition and report to the General Committee.

The Executive Committee was instructed to prepare estimates of the money needed for the convention and to devise plans for obtaining it; the plan to be submitted for approval, when the Committee would subsequently put the approved plan into execution.

William Bayes, M. D. and Richard Hughes, M. D., of the British Homœopathic Association, were appointed a Committee to confer with the Committee on the World's Homœopathic Convention in relation to the Convention.

The letter expressed cordial interest in the undertaking and sincere hopes for its success.

The Committee on a National College of Drug Provers made a report as follows: "The proving and re-proving of drugs and the purification of the *Materia Medica* are subjects of the greatest importance for the consideration of the Institute, and any method by which these ends can be attained are worthy the most extended and careful consideration. The Committee would therefore recommend that the papers and discussions bearing on the subject, and presented at this session of the Institute, be published in the *Transactions* for the examination and consideration of the members, in order that they may be prepared to act more judiciously thereon at some future session, and that the Bureau of *Materia Medica*, Pharmacy and Provings be requested to continue their investigations on this subject, and that it be made a topic of discussion at the next session of the Institute."

Signed—I. T. Talbot, T. F. Allen, S. R. Beckwith, T. L. Brown and Lyman Clary, Committee.

The report was accepted and the Committee discharged.

The Committee on Homœopathic Colleges announced the following papers as the work of the Committee:

"General Report of the Committee," David Thayer, M. D., Boston, Mass.

"The Relations of the Institute to Medical Schools," and "The University of the State of New York," J. P. Dake, M. D., of Nashville, Tenn.

The papers were read, accepted and referred for publication.

I. T. Talbot, M. D., stated that it had been suggested to centralize the Colleges of the West with one Medical University to be located in one of the principal cities of the West; to have an endowment of not less than a million dollars and to be supplied with the most superior instructors in all branches. The idea was discussed and the anticipation expressed that the same plan would be advantageously operated in the Eastern States. The formation of such Universities was vigorously discussed and a Committee appointed to confer upon the subject and to report at the next meeting. The Committee was composed of Drs. Beckwith, Ludlam, Franklin, Baxter, Talbot, Allen, Pomeroy and Ormes.

F. R. McManus, M. D., Chairman of the Board of Censors, having finished the work, announced that he would say farewell as he would leave before the meeting closed the next day. In a few beautiful and feeling sentences he bade the members good-bye, when Dr. Lilienthal moved that the thanks of the Institute be given to Dr. McManus for his zealous labors in behalf of the Institute for many years as Chairman of the Board of Censors, and that the Secretary be instructed to have the vote of thanks engrossed and forwarded to Dr. McManus. This was unanimously agreed to by a rising vote.

The Secretary announced that he had a lengthy report from the Homœopathic Medical Society of California. It was referred to the Committee on Publication, as were also certain papers which had been forwarded as a partial report of the Bureau on Organization, Registration and Statistics.

The Secretary stated that he had received a letter from Dr. Dunham, who had gone to Italy for his health. Dr. Dunham said that the authorities of Naples were intending to institute a Professorship of Homœopathy in the University there and that Dr. Tommaso Cigliano had been advised to make application for the position. A diploma was necessary to his success, therefore Dr. Dunham and others, knowing the applicant's abilities, requested that a special diploma be granted by the Hahnemann Medical College, of Philadelphia. A similar request was made of the New York Homœopathic College. The Secretary thought it would be a graceful tribute to Dr. Cigliano, and also to Drs. Dunham, Rocco, Rubini, Dadēa and others who had commended him, to elect Dr. Cigliano a corresponding member of the Institute. I. T. Talbot, M. D., moved that Dr. Tommaso Cigliano, of Naples, Editor of *Il Dinamico*, be a corresponding member of the Institute. It was so agreed.

The Secretary also announced the receipt, through Dr. Hering, of a letter from Dr. Sambhul Mukhopádhya, of Calcutta, India. The Indian doctor's letter was very interesting, showing his preference for Homœopathy, and offering a work of his own on drug proving for consideration in the Institute and for publication if it was thought to be useful. The letter was referred and a request made for the manuscript for consideration. To further this, Dr. Talbot moved that Dr. Mukhopádhya should also be elected a corresponding member. The motion was carried.

E. C. Franklin, M. D., submitted these resolutions, which were adopted unanimously:

"WHEREAS, In view of the fact that the reports of the Surgeon General of the United States Army, as exhibited in volumes one and two of the first part of the Medical and Surgical History of the War of the Rebellion, have received a too limited circulation, by reason of an insufficient issue of the same by Congress; therefore,

"*Resolved*, That the President and Secretary of this Institute be directed to petition Congress at the next session, in behalf of the homœopathic profession, asking that the edition recently issued be reproduced in sufficient number to permit of general distribution to the members of the profession throughout the country.

"*Resolved*, That the thanks of this Institute are due and are hereby tendered Congress for aiding thus far in developing and presenting to the profession reports of the Surgeon General, as herein specified.

"*Resolved*, That the thanks of the Institute are hereby tendered to the officers of the United States Army, who have, by sacrifice and labor, been instrumental in placing before the profession the valuable information contained in volumes one and two of the first part of the Medical and Surgical History of the War of the Rebellion."

I. T. Talbot, M. D., submitted the Necrological report by Henry D. Paine, M. D. The report included the names of Samuel Gregg, M. D., of New Boston, N. H., who was one of the founders of the Institute; Charles C. Foote, M. D., of New Haven, Conn.; Alvin Shattuck, M. D., of Buffalo; Jehiel Abbott, M. D., of Westfield, Mass.; Henry Baethig, Sr., M. D., of Buffalo; William H. H. Sisson, M. D., of Omaha, Neb.; Ezekiel Lovejoy, M. D., of Stratford, Conn., and Ephraim S. Willard, M. D., of Boston, Mass.

While the meeting was in progress there came a telegram to the Secretary, announcing the death of David James, M. D., of Philadelphia, a member of the Institute and just entitled to be placed on the Honorary Roll. Dr. David James was the father of Drs. Bushrod W. and John E. James, both members of the Institute. Pemberton Dudley, M. D., offered a preamble and resolution which were unanimously adopted.

"WHEREAS, We have just learned, with deep regret, of the decease this morning, at his residence in Philadelphia, of David James, M. D., a veteran member of this Institute, and one of the earliest and most self-sacrificing champions of Homœopathy in America; therefore,

"*Resolved*, That we recognize in his death a serious loss alike to the profession and the community, and that we tender to his family our warmest sympathies in their affliction, which has separated from them a loved husband and an honored father."

I. T. Talbot, M. D., moved that the By-Laws be amended to create a Bureau of Pædology, to consist of not less than five members. This was agreed upon and a Bureau promptly formed for 1874, which was to report with others at the next session.

The Committee on Credentials made a report which was referred for publication.

An invitation came for the members of the Institute to visit the Cleveland Homœopathic Hospital, on Huron street, which was gladly accepted.

The election of officers was held, resulting in: President, John J. Youlin, M. D., Jersey City, N. J.; Vice-President, N. Schneider, M. D., Cleveland, O.; General Secretary, Robert J. McClatchey, M. D., Philadelphia, Pa.; Provisional Secretary, Bushrod W. James, M. D., Philadelphia, Pa.; Treasurer, E. M. Kellogg, M. D., New York City.

Censors: F. R. McManus, M. D., Baltimore; T. F. Pomeroy, M. D., Detroit, Mich.; H. H. Baxter, M. D., Cleveland, O.; A. R. Wright, M. D., Buffalo, N. Y., and Mary S. Blake, M. D., Boston, Mass.

With the usual vote of thanks to officers, entertainers and the city in which the meeting was held, the Institute adjourned to meet at Niagara Falls on the second Tuesday in June, 1874.

SOME SINGLE REMEDY CURES.

By Dr. A. W. K. Choudhury.

I. *Nux Moschata* in a Case of Intermittent Fever.

Case No. 252 of my Case-Book XIV.

Patient aged 11 years; suffering from intermittent fever since four days, when she came under my medical treatment on the 28th of August, 1901. Her case as is in my case-book: Prodrôme, stretching but no yawning; chill slight; thirst at the close of the chill when she sleeps till she perspires; heat and sweat alternating, no sleep, dry heat, then hot sweat, no separate sweat. Fever continues from 1 or 2 A. M. to nights. Bowels open; diarrhœa continuing since before commencement of fever; one involuntary stool during sleep last night; one thin stool to-day, morning; spitting of saliva; bad smell of mouth; retching in eating anything; no nausea; no vomiting; enlarged soft spleen; pain under percussion on right hypochondrium and epigastrium; urine reddish with no burning during micturition; tongue clean, appetite good; slept last night.

Was given *Nux moschata* 2x.

8-29-1901. Better; had a very slight attack of fever at about 3 P. M. yesterday and continued till about evening. No more stool; hungry; not so much spitting of saliva.

Repeated one dose.

The second dose did not put stop to the fever. The next day, the 30th, she was given *Placebo* and the fever appeared no more. Her bowels gradually improved. She continued under treatment till the 6th inst., getting *Placebo* and improving. Noted down "Recovered" on the 11th inst.

Why it was that I gave her *Nux mos.*?

Her sleep, as chill progresses till she perspires.

Remark.—I was guided by her sleep to select the medicine. *Nux moschata* is very rarely used in my practice in the treatment of intermittent fever. I do not know how it suits other in treating intermittent fevers.

II. *Rhus Tox.* in a Case of Coryza and Cough.

Case No. 282 of my Case Book XIV.

Patient, a low class male Mahommedan of about 32 years, came to dispensary Setember 18, 1901, for the treatment of the above

complaint. His case runs as follows: Exposure to sun when working, drinking cold water while perspiring in the sun while laboring in the field.

Present Symptoms: Nasal mucous discharge from both nostrils, thicker than water; nose stopped up night (last), free now in the daytime; heaviness of head, no headache; eyes suffused:

Cough more in the evening with little expectoration; sputa thin mucus.

Pain in arms and thighs, he has been thrashing the paddy since three days back; bruised feeling in the parts.

Bowels open daily once, stool normal and sufficient, but with bad smell; thread-worms, which crawl out sometimes; pricking at anns, more in the evening; urine not colored; gets up once per night to urinate.

Idleness and indisposition to labor, stretching now and then; wants to lie down and not to work.

Tongue clean, taste in mouth insipid; no bad smell of mouth.

Pain found more in the morning, then after rising, and after some movement the pain becomes somewhat less; more pain in right than left arm; passed a restless night.

He was given two doses the first day. The next day he reported much improvement; there was no coryza; cough much ameliorated; pain in arms and thighs much less; there was no more idleness, indisposition to labor nor desire to lie down.

Repeated two doses.

On the 21st inst. reported his full recovery.

Rhus Tox. in the above case was given considering the cause of the complaint.

III. *Gelsemium* in a Case of Infantile Remittent Fever.

Case No. 331 of my Case-Book XIV.

Patient, a male Mahommedan male child of about 14 months; was seen on the fifth day of the illness, on the 31st of October, 1901.

History and symptoms of the case: Aggravation of fever after 9 A. M.; amelioration after 9 P. M.; no thirst; bowels open; stools thin, with knots (hard fœcal); tongue slightly whitish; no chill; no sweat; coryza, with watery discharge from nose since some days back; drowsy when feverish; urine reddish; does not cry during micturition.

Was given *Gels.* 1x, two doses for the day.

The next day the medicine was repeated, but only one dose. The child had fever no more.

Patient continued under treatment till the fifth inst., getting placebo.

Remark.—In his *Homœopathic Therapy of Intermittent and Other Fevers* Boëninghausen gives a list of four medicines for the treatment of infantile remittent fevers, *Gels.* heading the list. The fever had no thirst and its aggravation was soon after 9 A. M. The time of aggravation, the thirstlessness and the drowsiness of the patient when feverish all contributed to indicate *Gels.*

IV. Sulphur in a Case of Conjunctivitis.

Case No. 332 of the above Case-Book.

Patient, a Mahommedan male aged about 17 years, came to dispensary the 3d of November, 1901, to be treated for the affection.

History and symptoms of the case: A fly (insect of some kind) fell on the right eye near the inner canthus two days previous to his first attendance to dispensary; had exposure to sun the same day, and during that exposure he bathed while he was hot.

Redness more marked near the inner canthus; the left eye, too, somewhat red, but not painful; lachrymation from right eye; watery discharge from the right nostril; previous night earache of the right side; gritty sensation in the right one; photophobia; agglutination of lid of right eye; burning sensation of right eye; heaviness of head of right side; no fever; no stool previous day; one stool the day he came to dispensary; stool with slight bad smell; threadworms now and then; urine sometimes colored; appetite not good; insipid taste in mouth; sleep not good.

He was given *Sulphur* 200, one dose. The next day reported improvement, and the medicine was repeated one dose. He attended dispensary till the 10th., inst getting placebo, and recovered.

Remarks—*Sulphur* is almost a specific in the treatment of conjunctivitis. I have used it in conjunctivitis in many scores, if not many hundred of cases and much success in almost all cases. So much sure of success with it that I prescribe it in every case that comes without giving time to select other indicated medicine. My readers are requested to try *Sulph.* 200 in conjunctivitis and publish result in the Recorder.

V. *Rhus Tox.* in a Case of Headache.

Case No. 338 of the above Case-Book.

Patient, a Mahommedan gentleman of about 27 years, came under my medical treatment, 11-6,-1901, with the following history and symptoms of the case: Headache commenced from the left eye and spread to the neck; there is pain and aching in the neck; left eye somewhat swollen; vertical headache, (throbbing and smarting); heat of vertex; heat of both eyes; burning heat of both soles of feet and both palms of hands. No stool day before yesterday; three stools yesterday with no bad smell; no threadworms; appetite good; sleep good; taste in mouth good; tongue clean, slightly coated on the left side and slightly indented at the margin; heat in abdomen. Amelioration of headache on sitting up and pressing the left side of the neck with the hand.

Walked yesterday whole day in the sun, drank water (cold) while body was hot by walking.

Treatment: Was given *Rhus tox.* 6, two doses for the day; was ordered his usual diet; not allowing fish or flesh; bathing not allowed.

Remark.—Required no more medicine; he recovered with two globules of the medicine only.

VI. *Lycopodium* in a Case of Intermittent Fever.

Case No. 354 of my Case Book XIV.

A Mahommedan lady, aged about 45 years, came under my medical treatment 11-19-1901. History and symptoms as noted down in my case book: Type, tertian; time, afternoon, 3 or 4 P. M.; aggravation till 8 P. M. Prodromata: No thirst, yawning, throbbing in small of back. heaviness of head, burning of eyes, chill moderate, no thirst in chill, no aching, goose skin, shorter than heat which follows with coldness of feet (more than hands) and hands, sleep latter part for a long time at night, then gets warm but finds no sweat, sleep again till morning. No sweat; apyrexia complete. No stool two days just before yesterday; yesterday three stools (first stool knotty, second soft, third softer) with bad smell; occasional pricking at anus; urine not colored with no burning micturition; appetite not good; taste in mouth insipid; tongue, anterior part clean. Dry cough after palpitation of heart, which occurs three or four times in

twenty-four hours; enlarged and indurated spleen; painful under pressure; pain under percussion on epigastrium and hypochondrium, right. Difficulty on lying on right and left sides, more difficulty on lying on right side; amelioration on lying on left side or back.

Given a dose of *Lyc.* 30 on the first day, another dose was given on the sixth day of her treatment. She required no more medicine and she recovered. Came under treatment on the sixth day of her illness.

Satkhirâ P. O., Calcutta, India.

HEMICRANIA.

By Dr. C. Fischer in Linz.

Translated for HOMŒOPATHIC RECORDER.

This well-known ailment, which is by no means rare, and very excruciating, has been very differently judged at different times, and it has been left to modern times to give a somewhat satisfactory solution of this problem. Some authors classed hemicrania among the neuralgias and divided them into species as frontalis, temporalis and occipitalis; others spoke of a hyperæsthesia of the brain, of an actual cerebral neuralgia; others, again, considered it as a sort of hysteria, dependent on a genital irritation, while with some authors of the last century may be occasionally seen some anticipation of the real state of the case.

The frequent coincidence of hemicrania with menstruation had to lead to its real cause, irregularity in the circulation. Du Bois Reymond, on the one hand, and Mœllendorf, on the other, first threw light on this formerly obscure subject. Du Bois Reymond, himself tormented by hemicrania, made his own state the object of a penetrating investigation. His ailment appeared on the right side, while his face was pale and sunken, the right eye small and reddened, the right temporal artery hard like a rope. The pain increased with every augmentation of the pressure of the blood. Toward the end of the attack there appeared redness of the right ear with increase of heat. On the side affected the eye was diminished in size, but the pupil was dilated.

Du Bois Reymond concluded from this that his migræna was caused by tetanus of the muscles of the vessels of the side of the

head affected, and, since these vessels are ruled by the sympathicus, that it was an affection of the sympathicus and, indeed, of the cervical part of that nerve on the side affected, or an affection of the centre of the sympathicus, which is to be sought for in the medulla oblongata. Now, after this cramp, indicated by the paleness, the sunken appearance of the face, and the dilatation of the pupils, the annular fibres of which are also supplied by the sympathicus, has lasted for a while, a relaxation follows, the vessels are enlarged, redness and heat are the consequence of this change.

Möellendorf, on investigating the internal of the eye of a woman afflicted with the hemicrania, found a dilatation of the central vessels of the retina, enlargement of the vessels of the choroid coat, and even an injection of the episcleral vessels, while the eye of the healthy side retained its normal proportions. At the same time the heart-beat was retarded, the radial arteries small and contracted, the pulsation in the carotid and the temporal arteries weak and large, the hands and feet were cold, and there was a febrile rigor.

In contrast to the observation by DU BOIS REYMOND, which makes cramp of the circulating vessels the cause of hemicrania, here it is a paralysis of the vessels, probably starting from the vasomotory centre in the spine. The vagus here also seems to have been put into a state of irritation, as may be seen from the retardation of the contractions of the heart.

Both the observations agree in this, that the attack of hemicrania is caused by the fluctuations in the circulation in the brain, in which case the result can not fail to appear, whether cramp or paralysis of the blood vessels may be the cause. Now since the circulation in the blood vessels is governed by the sympathicus, these attacks can only be caused by anomalies in its actions; hemicrania is, therefore, nothing else but a neurose in the cervical part of the sympathicus, and this is followed by the irritation of the sensitive nerves of the head, excited by the fluctuations in the circulation in the affected side of the head.

According to the above observations, there are, therefore, two kinds of hemicrania, hemicrania sympathico-tonica, caused by cramp of the vessels, and hemicrania angioparalytica, caused by paralysis of the circulatory vessels.

Now let us view the migræna at the sick-bed. It appears a neuralgia, in paroxysms, frequently even typically, *i. e.*, periodi-

cally. Most frequently the attacks begin in the morning, last a half or even a whole day, rarely longer; but they may also commence at any other time of day. Sometimes it appears every other day, like the intermittent fever.

The attack proper is very frequently preceded by premonitory symptoms, especially sensations in the domain of the higher sensory nerves, flickering before the eyes, humming and roaring before the ears, as also febrile rigor, yawning, nausea, a general feeling of discomfort, irritation and languor, or for hours before oppression of the cordial region; such a case I have under my treatment at present. The attack usually begins on one side, mostly on the left side, and then gradually spreads with increasing intensity also beyond the median line over a greater or smaller part of the head. The pain itself is fixed, affecting with its greatest intensity especially one-half of the cranial cavity. The patients usually describe it as a dull, pressive, boring, tensive pain, pressing the head asunder; frequently also as throbbing, beating, hammering, also accompanied with violent beating of the carotid and temporal arteries. The violence at times drives to despair, and the patients await in anguish the first premonitory symptoms, so well known to them. The internal pain peculiar to the migræna is frequently accompanied by radiations into the *trigeminus* and its branches, into the *opticus*, *acusticus*, and even into the nerve of taste; the hairy scalp becomes sensitive, nausea, inclination to vomiting, and even vomiting sets in, every motion of the eyeballs, every noise is wont to aggravate the pains. The face, at the same time, is usually pale, sunken, the eye on the side affected is frequently diminished in size and reddened, the extremities are cool and the heart-beat retarded. After a longer or shorter duration, with frequent decrease and increase of the intensity of the pains, the patients fall into a languor, and sleep finally closes the scene, from which they awake with a head somewhat muddled and dull, but else healthy.

As to the diagnose, the ailment could only be mistaken for cephalalgia rheumatica and with neuralgia in trigeminus. The distinction between hemicrania and inflammatory states of the brain is too well marked to make it necessary to enter on it.

Cephalalgia rheumatica is seldom found by itself, but is mostly found combined with rheumatism in other parts, the pain is more of a tearing kind and is never combined with disturbances of the circulation in the region of the carotids, nor with contraction or

dilatation of the pupil; it has atmospheric influences for its causes, seldom appears typically, or at most accidentally in combination with menstruation and the like.

Hemicrania is distinguished from neuralgia of the occipitalis, auricularis magnus and frontalis, by the kind of pains exhibited. These in the latter cases are more tearing, shooting and darting to and fro. This pain also follows the path of the nerves and we can find in them the so-called points of pain of Valleix.

I have noticed above the duration of the attacks. The duration of the disease itself is very various. The attacks may recur more or less frequently, may for a time appear daily, often even at the same hour, or they may show a certain period, or they appear at every menstruation, or they appear irregularly with bodily exertions, emotions, the influence of heat, etc. The disorder may disappear spontaneously later in life; the climacteric period frequently exerts a favorable influence. Sometimes it endures as long as life and resists every therapy.

Hysteria, as said above, was formerly considered its cause. It is true that the disorder frequently appears in hydræmic phenomena, conjoined with nervous appearances, but also vigorous men, who are by no means nervous, and who enjoy the pleasures of the table, may be visited by this disorder. As in all nervous states, heredity has frequently to be considered, and especially heredity on the mother's side; strange to say, this heredity causes some members of the kinship to suffer from migræna, others from epilepsy. Whosoever may not have been afflicted by this disorder up to puberty is not apt to be afflicted by it later on, though I know one case where it did not appear until about the climacteric period. Since it is caused by disturbances of the circulation, also other states of plethora, especially those of the abdomen, may become its cause. The disorder frequently appears with scholars, with whom the persistent, often excessive, irritation of the brain forms the cause.

As to the therapy of hemicrania two points are to be considered: first, the treatment during an attack, and secondly, the radical treatment of the disorder.

In spite of carefully selected remedies we are often unable to shorten the attack. Quiet, especially lying down in bed, the removal of every noise, shutting off the light, with an absolute diet are to be urgently recommended. By several (allopathic) authors *Amyl nitrite* is praised, which, being inhaled every quarter of an

hour in doses of three drops, is said to have a really magical action. The symptoms during the use of this remedy are the following: Sensation of heat in the face and in the head; redness of the face; injection of the conjunctiva; quickening of the pulse by 20-30 beats; diminished tension in the radial artery; irritation to cough and, if the inhalations are continued, syncope. From this it may be seen that the remedy acts in a paralyzing manner on the cervical part of the sympathicus, as also on the vagus, and it annuls its restraining influence on the heart. Used allopathically, therefore, it corresponds to the sympathico-tonic form of hemicrania. But, according to the analogy of the action of similar remedies, especially of chloroform, the opinion might seem justified that the above-mentioned symptoms are not the primary action, but that the remedy when used in dilution, might be able to produce an irritation of the spinal center of the sympathicus, so that we might also advantageously use the remedy in the neuro-paralytic form of the disease.

I have seen but little benefit from the use of other remedies during the attack, except, perhaps, when the remedy was given during the first premonitory symptoms.

As to the choice of these remedies we shall find in almost every remedy of the homœopathic treasury some symptoms which agree with those of the disorder under discussion. I shall, therefore, mention here only the most important ones, and endeavor to briefly characterize their indications. For an accurate guidance in the choice of the remedies it would be necessary to exhaust the whole mode of action of the remedy, and this is found given as accurately as we may wish in the manuals of the Homœopathic *Materia Medica*.

We might divide these remedies into two classes, first, those that are already contained in normal blood, and those which are foreign to the body, and, therefore, properly speaking, drugs.

The remedies of the first class will be called for when the abnormal nervous function is caused by an abnormal constitution of the blood. To this class belong *Calcarea carbonica*, *Ferrum*, *Natrium muriaticum*, *Silicea* and *Sulphur*, etc.

Calcarea carbon. corresponds especially to a scrofulous and tuberculous diathesis. As it can only gradually unfold its action it must of necessity be given for a certain duration of time.

Ferrum is especially adapted to hydræmic constitutions. The attacks are of a congestive nature and are wont to occur especially at night in intervals of two or three weeks.

Natrum muriaticum is most suitable for scrofulous, gouty or scorbutic constitutions. Languor and weakness is among others a prominent symptom of this remedy. The periodical attacks are apt to take place in the morning.

Silicea acts especially on the vegetative system. It, therefore, corresponds to scrofulous, rachitic and also to tuberculous constitutions. The attacks are of a congestive nature, take place mostly at night, and the pains are aggravated by motion, pressure, mental activity and talking.

Sulphur acts especially on scrofulous and arthritic constitutions. Its sphere is the venous system. The attacks are apt to come early in the morning or in the evening. Mental activity provokes or aggravates the pains.

Now we come to those remedies which are not usually contained in the blood.

China forms, as it were, the transition. Even though it is not contained in the normal fluids of the body it forms an important restoring remedy, and it is especially appropriate after the loss of blood or of other fluids. It excites the vasomotory centers and the brain. The attacks are of a congestive nature and are usually periodic in their recurrence.

Aconite has also been occasionally used. The rush of blood in *Aconite* is, however, of a more active nature. It is adapted to full-blooded persons prone to ebullition of blood, with whom the attacks appear at night, are very violent and combined with neuralgia in the trigeminal domain.

Argentum nitricum is undoubtedly a strong nervine. Its action extends to the vagus and the sympathicus, thus also to the nerves of the blood vessels. The symptoms of this remedy are more usually found on the right side. The attacks are attended with trembling; the open air aggravates ailments, but bandaging relieves them.

Belladonna acts especially on the brain, the sensory nerves of the eye and the ear, on the vagus, the motory nerves, but also on the sympathicus, which is shown by the irritation which it exerts on the dilator pupillæ. It is indicated in attacks which are accompanied by violent congestions to the brain, with throbbing of the arteries, redness of the face, heat and dilated pupils.

Cocculus stands in close relation to the spinal marrow, the brain and the vasomotory nerves. It is indicated where besides hemicranica also other hysteric ailments show themselves, or chlorosis

is present. The attacks are of a congestive nature on one side, and are especially called forth and aggravated by motion.

Coffea violently excites the brain and the vasomotory centers. The parts effected show hyperæsthesia, there is precordial anguish, and both body and spirit are over-excited.

*Cicut*a acts upon the spinal marrow and thence on the nerves of the blood-vessels. The attacks are on one side; the face looks sunken, there is oppression in the scrobiculus cordis and vomiting; the pupil is at first contracted, then dilated.

Ignatia first acts on the spinal marrow, then on the brain; it is especially suitable for hysteria. The attacks usually appear after meals or in the evening or early in the morning; they are attended with chilliness or with heat, with redness and burning heat of one ear or one cheek, with nausea and vomiting. The ailments are aggravated by stooping, relieved by lying down.

Lachesis is especially suited to phlegmatic and spongy constitutions; it acts upon the heart, the vascular system and the blood. The attacks are tonic combined with vomiting, much thirst, cramps and great anguish.

Nux vomica is especially suitable for men who sit much. It especially acts upon the spinal marrow, then upon the vagus. It is useful, when besides hemicrania, also other nervous ailments appear, when the attacks are of a spasmodic nature, appearing especially in the morning or after emotions, are accompanied with nausea and an inclination to vomit and the patients frequently suffer from heaviness of the head and from vertigo.

Opium excites the brain and the spinal marrow and increases vascular action. The cases in which this remedy is suitable, have a pale face or dark red, bloated; the pupil dilated, while the arteries pulsate; the pulse is full, slow or intermittent. There is nausea.

Pulsatilla is especially a remedy for tender, anæmic girls. The attacks are on one side, worse before midnight; the pupil is contracted, the pulse quick, small and weak, there is a sensation of chilliness, frequently perspiration on one side, alternation of paleness and redness, nausea and vomiting.

Secale is a remedy which is recommended also by Allopaths in this disease. It acts on the spinal marrow, especially on the sympathicus, then on the brain. It is suitable in those cases of hemicrania where, besides this, frequent bleeding takes place; there is formication in the skin or in the face; the headache is on one side, accompanied by loathing, nausea and vomiting.

Sepia is a woman's remedy. Its sphere extends to the genitals, the nervous system and the vagus. The attacks are caused by emotions, especially by vexation. They are of a tonic nature, accompanied with a pale face, chills and transitory heat; also, at other times the head is apt to feel muddled; walking in the open air is apt to cause vertigo.

Spigelia acts upon the heart, the brain and the spinal marrow. The attacks occur mostly on the left side, accompanied with palpitation; motion and noise aggravate the pain; the pupil is dilated. At the same time there are rheumatic pains in other parts of the body.

Stramonium acts on the brain, the spinal marrow and the blood-vessels. Besides the congestive pains in the head, there are cramps, especially of a hysterical nature. During the attack the pupils are dilated, the eyes are staring, the face is truculent, there is vomiting of mucus and bile, the secretion of urine is suppressed.

Veratrum acts on the ganglionic system, the spinal marrow and the heart. The pulse is small, quick, intermittent or slow. Great anguish and oppression; sensation of cold. The attacks are mostly at night.

ACUTE ARTHRITIC RHEUMATISM.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z.f. Hom.*, Aug., 1902.

Homœopathy has at its command for this disease a great treasury of remedies that have proved their efficiency practically in thousands of cases. Some of these homœopathic remedies can and must be used in every case. They will find a place in every prescription against the acute form of arthritic rheumatism. These are *Aconite*, *Veratrum vir.*, *Colchicum* and *Arsenicum*. I always give the first two of these remedies during the first week. If, owing to the violent fever, the rush of blood to the head and cerebral symptoms *Belladonna* should be called for, I give it according to circumstances either in place of *Colchicum* or of *Arsenicum*. Where the muscles of the thorax or of the abdomen are strongly involved—which is frequently the case in this disease—*Bryonia* steps in; if the muscles of the back are involved, *Nuxvomica*. In rare cases I have been obliged to call in *Chamomilla*, *Sanguinaria*, *Ferrum carb.*, *Pulsatilla*, *Rhus tox.*, etc. We

should not use too many scattering remedies, but may give three or even four remedies, alternating every half hour (hardly in consonance with good homœopathic practice, Ed.). In administering these remedies, I put fifteen to twenty drops of the remedy into three (or four) tumblers half full of water, cover them well and give half a tablespoonful as a dose. The medicine should be renewed every morning. In such acute cases I prefer the middle potencies, *i. e.*, the third to the sixth.

Some of the readers may be surprised at the prominence given to *Veratrum viride* in articular rheumatism, and I may, therefore, give my reason here. *Veratrum* has much in common with the action of *Aconite* and *Belladonna* and is also akin with *Gelsemium*. One might conclude from this that the use of the first two might make *Veratrum* superfluous, or relegate it to the background. But this conclusion would be hasty. *Veratrum* acts more intensively and quickly in toning down the fever in rheumatism which sometimes mounts to a dangerous height, and then *Veratrum* has also this peculiarity, that it dominates the left side of the body in a manner not seen in *Aconite* and *Belladonna*. Only a person who has frequently to deal with violent rheumatic cases can judge of this incalculable advantage. The action of *Veratrum* in inflammation of the pericardium, and even in a partial paralysis of the heart is simply amazing, as many physicians will be able to declare with joy. Thus I was once called to a patient at the point of death, who had been seized for the third time with the severest form of acute arthritic rheumatism. The *Salicylic acid* of the allopath had refused to act. The face already showed the yellowish-white tint presaging death. The physician had gone away, saying that paralysis of the heart had already set in, and that there could be no more hope of recovery. The patient—a woman of forty years—would probably pass away in her sleep next night. To confess the truth, when I saw the patient lying there stiff and almost motionless, I myself also doubted her recovery, and my use of *Veratrum vir.* was more an attempt seemingly predestined to failure. I remained with the patient all night, and I could thus see how the remedy mastered the paralysis step by step. In the morning I could give her relatives the glad tidings that though the danger was by no means passed there was again room for hope. All thankfully kissed my hands. When the physician came in soon afterward to certify to her death, he had to certify instead that the paralysis of the

heart had been overcome, and that this muscle was again, "strange to say," working vigorously. At the same time the doctor noticed the homœopathic vial on the table, and the husband confessed with some embarrassment that in the evening he had called in a homœopath. The doctor did not, as such gentlemen frequently do, pour forth abuses to cover his embarrassment and anger, but he was honest and sincere enough to acknowledge that he knew too little of Homœopathy to be able to decide whether the medicine given or some circumstance lying outside of human ken had caused this favorable change.

It should here be noticed that *Veratrum vir.* also acts very favorably on the stomach. It is well known that in acute arthritic rheumatism, especially in severe cases, the stomach is in strong sympathetic affection, and since the general state of strength cannot be expected before this co-worker functionates again, the importance of *Veratrum* becomes manifest.

It must also be mentioned that in order to prevent a relapse, the patient while recovering must abstain from the following: Bouillon, white bread and any food strongly salted and seasoned. Meat may be eaten once a day, but beef, whether boiled or roasted must be totally avoided. In its place we may use first of all, fish, then fowls and venison. Fruit, especially apples, may be freely used. They had best be eaten with a piece of bread. A sitz-bath should be taken every day for three to five minutes. The water should at first have a temperature of 81° F. diminishing the temperature two degrees every week until we get down to 67° F. The water ought to have a depth of about five inches. Three times a week the whole body should be washed with water at a temperature of 81° F. Every day a light and air bath of fifteen to thirty minutes' duration should be taken in the room with windows wide open. These should be begun during the warm season. The chief remedy is *Sulphur* 30 D. If thirst should prove troublesome, *Curare* 1 may also be taken. We should avoid hot-air or steam baths.

A rheumatic patient requires much care and nursing; nor need we think that through the above-named measures *every* patient may be saved. Where there is not the blessing from above all our endeavors are vain; for all our knowledge as to what is conducive and what is harmful is merely imperfect and will always remain so.

AN EPISODE FROM MY PRACTICE.

Intestinal Hæmorrhage.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, August, 1902.

One of my most memorable cures took place in the year 1901. It was memorable from this, that a layman had proceeded in truly homœopathic manner, and success attended the efforts in spite of the severity of the disease. I shall present it as I now remember it. I had just returned, pretty well tired out, from E., when farmer H., from S., met me and urgently entreated me to visit his mother-in-law, who was very ill. I consented for the following day, and, after a strenuous journey, I found Mrs. B. in a state causing severe anxiety. After a previous gastric fever, then epidemic in the village, she was now suffering from intestinal hæmorrhage. She could not eat anything, and lay quite apathetic, only tormented by thirst, and the hæmorrhages continued also while I was there, in a very striking manner. I can still see the anxious son pouring out the evacuation, almost pure blood with a cadaverous fœtor. This plainly showed intestinal ulcers of dangerous extent and depth, discharging pus and mucus. I retained the remedy that had been given, *Acidum nitric.* 6 D., but, on account of the urging connected with painful griping, I adjoined *Mercur. corros.* So the patient received every two hours in alternation *Acid. nitr.* and *Merc. cor.* Remembering the great effects in cases of cholera, in Weimar, I combated her weakness with *China*, but not in dilution, but a solution of six grains of *Chinin. muriat.* in 100 grammes of alcohol. Ten drops in every lavement of warm oatmeal gruel. As there was no appetite at all there could not be much nourishment supplied, and this consisted only of thin cocoa, which was the only thing the patient could keep on her stomach, everything else being thrown up. It was no easy matter for me to undertake her treatment, as her life hung on a thread, as I well knew. The patient had lost very much blood, and there was danger in delay. I also remember her ominous symptom of continually throwing herself about; she could not lie quiet for a minute; for days there had been no idea of sleeping—symptoms of a high grade cerebral anæmia. And with

all this, great internal heat, for she could not stay covered, but would thrust out first one limb and then another from under the cover. All this attended with a great sensitiveness of the abdomen, recalling to me the words of my former teacher, Prof. Frerich, of Berlin: "The sensitiveness of the abdomen is the surest criterion of the intensity of the inflammation." This causes anxious hours, not only to the patient and those around her, but also to the physician. I was the more conscious of my responsibility as there could be no thought of visiting the patient soon again. Still, to hand her over to an allopath—would that hold any promise of continuing her life? So I concluded not to give up the ship, and counted on the well tried strength and efficacy of our specifics, *Acidum nitric.* and *Mercurius corros.* And yet my heart felt heavy at parting, as life and death were in close proximity. At the station I looked back and saw before me the cemetery with its many white mementoes, and had to think involuntarily that another stone might soon have to be placed there. But Providence willed otherwise. After two days of anxious waiting, I was informed that everything had gone well, and that the woman whom I had left seemingly moribund, was recovering and needed no further remedy. No hydropathic measures had been taken nor had she been able to apply any poultices, as her abdomen was too sensitive, the least pressure increasing her pains. The remedies of the domestic homœopathic case of medicines had proved most effective and would hereafter be looked to with even greater confidence.

THE PROGRESS OF "RATIONAL" MEDICINE.*

By R. E. Dudgeon, M. D.

The annual meeting of the British Medical Association has a never-failing interest for me. Though, as a follower of the method of Hahnemann, I am precluded by its laws from becoming a member of that august confederation of orthodox practitioners; and therefore unable to hear the brilliant eloquence of its eminent pundits, I can always enjoy the reading of their matured wisdom in the pages of its organ, *The British Medical Journal*.

*This spicy paper from *Monthly Homœopathic Review*, though a little belated, is well worth reading.—EDITOR H. R.

What particularly delights me is the annual address on medicine, delivered by some member chosen for his reputation as an experienced and skilful physician, and as one conversant with the latest developments of medical science. The orator for this year was Dr. James F. Goodhart, who is richly endowed with all the qualities required of an ideal exponent of the state and progress of modern medicine. Since the last meeting of the Association in the last year of the old century, we have entered on the first year of a new century—at least this is the general idea, though some scientists, as for example Lord Kelvin, will have it that last year was the first year and this year the second of the new century. At many meetings in the past years there have been great jubiliations over the wonderful progress medicine had made in these latter days and the advantages that have accrued to the sick from the recent discoveries made by the untiring labors of the industrious researches into the mysteries of disease. I looked forward with eager anticipation to find in the address on Medicine of the present year an account of the vast progress in the treatment of disease proclaimed by many of the most illustrious speakers and writers on medical matters, not only members of the profession but distinguished non-medical persons who have been invited to give their opinions on medical matters. Among those of the latter class, I may mention the Right Honorable Arthur Balfour, who, when presiding over a banquet given by the Medical Graduates' College, had no doubts—philosophical or other—of the great progress made in medical and therapeutical knowledge, and the beneficial effect the researches of this particular college would have on the health and life of the community.

The annual address in Medicine at the great Association meeting gives a fine opportunity for displaying to the world in full detail the vast progress made by medicine during the past year, so often boasted of and vaguely alluded to in less pretentious meetings and in the periodical medical literature. I accordingly turned to the report of Dr. Goodhart's eloquent address in order to learn precisely the gains of medical science during the past year. But alas! I could discover nothing in it to justify the boasts with which we are all familiar. He commences by recommending individualization of cases in treatment, which would imply that this is very much neglected in ordinary practice. As this individualization was insisted on by Hahnemann in all his writings, and is accepted as a *sine quâ non* by all his followers, it

must please us to observe that our colleagues of the old school are now beginning to realize its importance, but that they require to be reminded of it shows that it is still far from having obtained general acceptance in their practice. He next dwells on what he calls "the vitality of life," that is to say, the power of life to preserve itself even in "a very weakly flesh." He then dwells on "the difficulties of medicine" "A body so composite as ours is," he says, "so very delicate a machine that there must be many and many a case presented to us where we do not, many even where we cannot, know what is the matter, and taking even the most favorable view of the progress of scientific discovery, it is probable that this will be so till time shall be no longer." This is a sad confession from the school which boasts that the art of diagnosis has attained to such perfection that we are now able to tell with certainty "what is the matter" in every case. But it is still worse when we come to treatment, for "even when we have got at the facts we cannot be sure that the remedies will get at the disease." Where scientific or rational medicine comes in with all this uncertainty of diagnosis and still greater uncertainty of therapeutics, it would be hard to tell.

The remainder of Dr. Goodhart's address is a stinging satire on the actual practice of modern therapeutics. The physician knows little or nothing about what is going on "in the recesses of our impenetrabilia;" but if he show the slightest hesitation about the diagnosis of the disease, in place of getting, as he ought to do, all the patient's sympathy, he only meets with the derision of his patient. The patient "wants to know what is the matter with him when it is not possible to tell him; moreover, he will have an answer, and if not he thinks the doctor an ignoramus and calls in someone else." "Any fool can give a name to a disease." But even if the doctor should give the right name to the disease it does not follow that he will give the right medicine. "It is told of the late Sir William Gull, that, upon a doctor excusing himself for not having discovered the existence of a particular disease, he (Sir W.) remarked that it was as well he had not done so, for if he had he might have treated it."

Consultations Dr. Goodhart sneers at. He thinks "that the education of every member of the medical profession at the present day is so high," that he is as likely to form a correct diagnosis as the consultant. But as he had previously told us that the difficulties of forming a correct diagnosis were so great—often

insuperable—it is just as likely as not that the highly educated practitioner and the eminent consultant may both be wrong.

As regards medicines, Dr. Goodhart has not much to say. Most patients before they come to the doctor have dosed themselves well with all sorts of drugs. "Most people know all about lithia and piperazine and the respective merits of the various preparations of Carlsbad salts; they all have their own form of blue pill. They have their own special dinner pill and an aperient pill as well; they know all about podophyllin and euonymin and cascara. They take bismuth and soda for indigestion, mindererus spirit and Dover's powder for colds, camphor for cholera, chlorodyne for the stomach-ache," and so on. With such drug-saturated patients what is the poor doctor to do? He may know that the best thing that he can do for his patient would be to cut off his drugs at once, but the patient expects and will have a prescription, so the doctor must therefore comply with the wishes of his patient against his own judgment. "Advice," by which Dr. Goodhart means directions as to air, exercise, diet, drink, clothing, ventilation, etc., is much more valuable than physic, and yet the patient is not content with that, often he won't attend to it a bit, he wants a prescription, he believes in medicine much more, probably, than the doctor who prescribes it. It does him no good, so he blames the doctor, whose "advice" he has altogether ignored. He goes from doctor to doctor, and, finding no benefit, blames the whole faculty, and most likely falls an easy prey to the alluring advertisements of quack remedies, which he swallows in large quantities. If his disease ceases in the natural course of things while taking one of these panaceas, he becomes an ardent advocate for its use and ever after swears that Bircham's pills are well worth a guinea a box, or Waggoner's little liver pills are valuable in an inverse proportion to their size.

Dr. Goodhart asks, "Why do we give drugs?" "Often," he answers, "not because the disease demands it, but because the patient is not happy till he gets it; too often he is not happy even then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the Exchange speculates in 'futures,' an enhanced reputation being the windfall that it is hoped to secure; and then we often give drugs as experiment in the hope that they may do good."

As to the drugs themselves: "Diseases run in fashions," and

so do drugs. "Their popularity is enormous, far in excess of their merits; and by and by they sink into the cold shade of neglect." "Who does not even now remember the boom of antipyretics? A few of them remain to us for other purposes; but as antipyretics, who gives them now? . . . They were rushed for more than they were worth, and they are now buried by later booms, such as animal extracts and antitoxins, and many of these will be buried, too."

Dr. Goodhart is very sceptical about the open-air treatment of consumption, and he thinks the benefits of sanatoria much exaggerated. "In proportion to the exaggerated hope will come the bitterness of the disappointment to the sick, and the discredit to us." Of course, sanatoria, unless established on a gigantic scale, can only touch the merest fringe of the world of consumptives, nor can those who have to work for the support of their families, as so many can and must do in the early stages of the disease, when alone sanatoria are useful, afford to spend months and years in enforced idleness in a sanatorium. As Dr. Goodhart says: "If the open-air treatment is to take its real place and be of any abiding value, the principles of the sanatorium must be introduced into the home." But sanatoria, though their utility is so limited, are fine things to talk about at public meetings.

Dr. Goodhart is very sceptical about the benefits to consumptives of the fashionable inhalations of antiseptics, or to epileptics of large and long continued doses of the bromides. This, he says, "has become the routine treatment of epilepsy, and as such I think it often does a great deal of harm, and I am by no means certain that it does any equivalent good."

On the whole, Dr. Goodhart is a pronounced pessimist in regard to the medical practice of the present day. Like Balaam, he was sent for to pronounce a blessing on the medicine of the majority, instead of which he curses it altogether. And yet not altogether, for he has not quite avoided a mild belief in the microbial doctrine of disease. "It is obvious," he says, "that great discoveries have been made in the recent past, and the dawn is breaking of a still more brilliant day." We are rather too familiar with this figure of speech in the writings and speeches of eminent representatives of self-styled rational medicine. They can't say much good of the existing therapeutics so they speak with confidence of the good time coming, which never comes, though always close at hand "in the near future." That he is thinking of the

microbes is evident when he says: "I think it may be said that we are steadily working upwards to that time when much of the present gross disease—tuberculosis, microbic fevers, etc., shall be no longer." Dr. Goodhart's address was of course composed before the meeting of the Congress on Tuberculosis; but perhaps he had an inkling of what was to come then and so spoke in a very minor key on the great results to be expected from researches among the small bacteria. The Congress was not altogether a success, indeed it must have been a great disappointment to those ardent bacteriologists whose delight it was to terrify the public with the dangers that encompassed us from the swarms of the omnipresent pathogenic bacteria, which, though so small, went about like roaring lions, seeking to devour us. Koch's announcement of the non identity of bovine and human tubercle bacilli and his declaration that there was no need to take any precautions against the access of the bovine microbes to the human organism, came like a bolt out of the blue, or, as some of the members said, like a bomb-shell in the midst of the meeting. Members who had come primed with new and stringent plans for warding off the attacks of bovine microbes were aghast. The wind had been taken out of their sails by the very man who had set them all a sailing. It will be noticed that Dr. Koch was not present at the final banquet given to the foreign members. The omission of Hamlet from the representation of the play of that name is the only parallel that occurs to me from the absence of Koch from a tuberculosis feast. Was he purposely not invited? or, being invited, did he fear to appear among his former worshippers lest they should tear him to pieces or make mince meat of him with their knives and forks? But though Koch has pricked the formidable-looking bovine bacillus bogey and let all the sawdust run out, he still keeps up the sputum scare and says that the main cause of the propagation of phthisis is the nasty but common practice of spitting about; so Sir William Broadbent may be reassured, his pocket-spittoons for the prevention of phthisis have not yet been sent to join Lord Lister's spray-machines in the lumber room of discarded medical inventions. Until that time comes—which may be soon—the believers in the infectious character of human sputum may address Professor Koch thusly :

The lethal powers of milk and beef belittle,
But leave us still our faith in toxic spittle !

The therapeutic nihilism advocated by Dr. Goodhart is undoubtedly a great improvement on the officious and unnecessary administration of powerful drugs, and the employment of painful debilitating measures that seem to have been almost universal up to the first half of the bygone century. I have lately been reading the Diary of Sir Walter Scott, who died in 1832, at the comparatively early age of 61. He gives an account of his incessant work, literary and legal, and his financial worries during the last few years of his life. He suffered much from rheumatism, nervous depression, intense headaches, neuralgia and dyspepeia. He dined much in public and with his numerous friends, and seems to have indulged more than was prudent in rich food and choice wines. He was constantly under the care of the most eminent medical men, by whom he was bled frequently by venesection and cupping, took frequent doses of powerful drugs, had numerous blisters and even setons; in short, this weak, worried, nervous, dyspeptic valetudinarian, in addition to his natural diseases had to bear up against the incessant artificial disease inflicted on him by his eminent medical advisers. Here was a case which would have profited by "advice" (as Dr. Goodhart calls it), instead of medicines, at least of such medicines as were customary in his day. No medical practitioner would practice, and no patient would submit to such treatment as was held to be right in the first half of the nineteenth century. The beneficial change in medical practice by which the patient world has profited so much is entirely due to the teaching and example of Hahnemann and his followers. Though the effect of this teaching and example has hitherto been mostly of a negative character on the old school, causing them to abandon their severe, painful and harmful methods, they have still much to learn respecting the action and therapeutic uses of medicines. They have, indeed, appropriated many of the most valuable medicines introduced by the homœopathic school; but they are unable to obtain the full value of them, for they persistently refuse to employ them according to the therapeutic rule taught by the illustrious Hahnemann, and now practiced by many thousands of legally qualified practitioners throughout the whole civilized world.

Though disappointed at not finding in Dr. Goodhart's address any justification for the frequent boasts of his school of the vast progress effected in medical practice during the past year, there can be no doubt that the address is replete with common sense and will well repay perusal.

SOME HOMŒOPATHIC CURES.

By Dr. Seifert, Paris.

I. Where Allopathy Failed.

Translated for the HOMŒOPATHIC RECORDER.

Mrs. Annie F., a married woman, thirty-eight years of age, had for years been suffering from rheumatic pains. In July, 1901, an extremely painful swelling developed on her back along the course of the sixth rib, on the right side of the spinal column and about ten centimeters distant from it; it was, however, unattended by any feverish symptoms. At first she consulted a neighboring

druggist, who declared that the swelling was merely a simple neuralgia of the intercostal ribs, and gave her a fluid ointment with which to rub it. But as the swelling kept increasing in size the patient applied to an allopathic physician, who prescribed poultices. In the middle of August the swelling had reached the size of a goose-egg, and a little opening formed from which some drops of pus oozed out. The patient then determined to enter the hospital Beaujou, in the division of Prof. Bazy, who diagnosed the case as a diffused abscess.

An antiseptic bandage was applied to the discharging wound, and two days later the opening was enlarged by a double cut (ten centimeters in length and ten centimeters in breadth), after which there was a copious discharge of pus for several days. The antiseptic bandage was continued, and since there was some suspicion of tuberculosis a corresponding diet was enjoined. Gradually the suppuration diminished and the wound had almost closed up. A further examination of the thorax and of the spinal column disproved the suspicion of tuberculosis as well as the diagnosis of a diffused abscess. The physicians then advised her to go into the country where the fresh air and strengthening diet would effect a complete cure. She left the hospital in September. The wound healed up after a fashion, but there remained a fistula which continually discharged pus. So she returned from the country to the hospital in the beginning of November. The doctors now spoke of caries, and proposed to scrape the rib affected. The fistula had in the meanwhile been cauterized with *Nitrate of silver*. As there was also a repetition of the talk about tuberculosis, and the patient was opposed to an operation,

she left the hospital, and on the 9th of November she came to my office. Her condition was so wretched that that I also first thought of tuberculosis. But a careful examination showed that it was a simple costal fistula. I prescribed *Silicea* 30 and *Aurum muriaticum natronatum* in alternation. Occasionally she also received a dose of *Calcarea phosphorica*. With the beginning of March the patient was completely restored, and nothing but a reddish cicatrice remained. The pains had entirely disappeared, and the woman who, when she first consulted me, barely weighed 45 kilogrammes, now weighs 60, and enjoys excellent health.

II. An Old Syphilitic Case.

Peter H., a coachman, thirty-five years of age, of vigorous constitution, was seized with syphilis about ten years ago. By allopathic treatment the primary and secondary symptoms were removed pretty promptly. The patient then took no further care of himself, and was also addicted to drinking. When, three years later, a little tumor appeared on the surface of the sternum he did not mind it, and even scratched it open to ease the itching; the wound which was thus formed he smeared with Vaseline without consulting any doctor. But when a sore formed which continually increased in size he finally determined to enter a public hospital. Prof. Hartmann, the physician at the hospital, at once recognized the wound as due to tertiary syphilis, and treated it as usual with *Mercury* and *Iodide of potassium*, the wound being covered with an antiseptic bandage. But the treatment was without any effect. The morbid process on the bone continually extended further, so that Prof. Hartmann proposed to scrape off that part of the sternum, to which Peter H. readily assented. But a few days later this process proved as ineffective as the internal treatment; the caries increased so much that Prof. Hartmann deemed it necessary to cut out part of the sternum. But as the patient was afraid that after this second operation he would be unable to do any more hard work, he refused to submit to the operation, and left the hospital.

Accidentally he had heard of Homœopathy, and therefore determined to try this method of cure. An operation might be undertaken, if necessary, at any time. So he came to my public clinic. His condition at this time was truly wretched. He was quite emaciated. Since he had been treated with *Mercury* his appetite had vanished entirely, and as he could bear hardly any

food, his strength had so much decreased that he was hardly able to walk. Hoping to regain his strength he had used more liquor. The wound looked so malignant that I hesitated a moment when he asked me if it could be healed. It formed a hole the size of a pigeon egg in the middle of the chest. First of all I forbade him the use of all liquor and prescribed a regular diet. Internally he received every morning and evening four drops of *Silicea* 30, and before his dinner and supper he received a tablespoonful of the following solution:

Aurum muriaticum natronatum, 2 centigrammes.

Aqua destillata, 200 grammes.

To the wound I applied a bandage moistened with a solution of the *Sublimate of mercury* in the proportion of 1:2000, to be renewed twice a day. In a week the wound had lost its malignant appearance. He had some appetite, and felt stronger. I continued the treatment, and at the end of the week the patient said he felt decidedly better. The wound began to heal up, his complexion was not so sallow, and his wrinkles began to fill up. The success was so striking that I could not conceal my astonishment, and went on much encouraged. The patient now complained of nocturnal pains in the bones, so I continued *Silicea* and substituted *Kalium jodatum* for *Aurum muriaticum*. Thus I succeeded in quieting the pain in the bones, when I returned to *Aurum mur*. This prescription was continued for four months, only injecting a dose of *Kalium jodatum* now and then for the pain in the bones. For some time now these pains had entirely ceased, and instead of emaciation and depression there was strength and cheerfulness. The wound had closed up and formed a scar, and its former seat could now only be recognized by a reddish white depression of the surface. Having been thus fully restored Peter had returned to his business. In the last seven years no syphilitic symptom has appeared; Peter shows himself twice a year in my office to make sure that everything is in good order. Even the depression on the sternum has gradually disappeared, and only a cicatrice of mother-of-pearl color now remains. Peter, I am sorry to say, has resumed his old friendship with alcohol, but without suffering any particular harm from it. Though when he has been drinking too much brandy he sometimes beats his poor horse beyond reason, he continually shows his gratefulness to me. In the course of years he has sent a number of patients to my office, among them the case immediately before this.

III. Stone-Hard Breasts.

Mrs. N., a washerwoman, thirty years old, had taken cold while washing and came into my public clinic with breasts as hard as stone and intensely painful. I prescribed water bandages a la Priessnitz, and gave internally *Silicea* 30, two drops every two hours. In two days the pain had vanished, but the induration of the breasts remained. I discontinued the wet bandages, but continued *Silicea*, which after six days' treatment removed all swelling.

PRURITUS SENILIS.

Translated for the HOMŒOPATHIC RECORDER from *Allgemeine Hom. Z.*, June, 19, 1902.

Dr. Jaenicke, of the Board of Health in Breslau, has an interesting article on the nature of the *Pruritus senilis* and a simple treatment for it in the *Centralblatt f. innere Medizin*, 1900, No.48.

The skin in such cases, even when we do not consider the unavoidable older and more recent scratched spots on the same, presents a peculiar appearance. It is hardly ever moist, but mostly very dry and withered and gives the impression that the nutrition of the superficial layer is defective. If the skin is drawn tight it appears glistening, but not as in œdema; it does not possess the succulence of the sound skin. In certain spots, which do not glisten, a certain elevation on the skin may be found on touching it gently.

With a patient who suffered severely from this ailment, Dr. Jaenicke endeavored to remove the upper layers of the skin affected, by *gently brushing* it with a *very soft brush*. In this he succeeded beyond his expectations. On the cloth which he had spread under the parts he collected a quantity of white dust which under the microscope was seen to consist of epithelial cells that had lost their vitality and had been much changed. For four or five days the quantity removed by brushing remained almost the same, but then it decreased; he then diminished the number of brushings administered. Instead of brushing the patient three times a day, from ten to twenty minutes at a time, he reduced this to only once or twice a day; later on he intermitted the brushing for one or two days, or brushed the upper and the

lower parts of the body in alternation. He could not, however, pause too long in this brushing else the pruritus, which had been reduced to minimum, or altogether removed, would again be aggravated. This also shows why in senile pruritus repeated warm baths almost always cause aggravation; if bran is added to the bath the pruritus is somewhat diminished, probably because the bran forms a layer on the skin, shutting off the air.

The action of a sharp brush, even if the brushing be carried to lesion of the skin, produces an immediate, though only transient alleviation. On the other hand, the treatment with the soft brush, as above described, during the first days increases the pruritus while the brushing goes on, but there is an alleviation soon after the operation ceases. This alleviation may be much increased if the skin is moistened with alcohol immediately when brushing ceases, and the alcohol is then allowed to evaporate. In proportion as the skin becomes desquamated through brushing, *i. e.*, after the third, fourth or fifth day, the moistening with alcohol must cease, as it will otherwise cause discomfort and even pain. After this period anointing the skin with fatty substances, as lard or lanolin (vaseline is not so good), proves useful. The quantity of fat applied proved of less importance than a thorough rubbing in of the same.

By this treatment Dr. Jaenicke has achieved good results in cases where all possible internal and external medicines had been before used without effect.

Since pruritus senilis proves a most pertinacious ailment, even where homœopathic remedies are selected most carefully, the mild treatment so effectually used by Dr. Jaenicke may well be worth trying, since the skin in old age proves so sluggish and inactive on the one side while so suprasensitive on the other.

AN ARTIFICIAL SUPPLY OF OZONE.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, August, 1902.

It is a well-known fact that the ozone in the atmospheric air has a favorable effect on the whole human organism. Oberdœrffer has shown that in rooms where there is ozone there is no bacteria, and, inversely, where there are bacteria there is no ozone. The reason why physicians recommend patients to live in forests of

fir or pine trees is mainly due to the ozone there; and in choosing a place for a sanatorium it is well to keep in view that the situation should assure a steady supply of new ozone. The formation of ozone in fir woods is due to the evaporation of the oil of the coniferæ. According to the experiments of Binz the ozone formed by the evaporation of ethereal oils, composed of carbon and hydrogen, has the same atonic constitution as the ozone of the atmospheric air arising after thunderstorms, a snowfall, a storm or on the sea-shore.

Since not all patients or convalescents are in a position to visit the health-giving localities containing these healing agencies, and since also healthy persons living in ordinary circumstances are benefited in health by the inhalation of air rich in ozone, the problem of artificially supplying ozone to sick rooms, living rooms and bed rooms, in a simple and economical manner, is of importance. We are therefore glad to see an article in No. 1 of the *Berliner allg. Mediz. Centralzeitung* on this subject, by Dr. Eydam, who had previously published a pamphlet on this question through Koneken, Leipzig. Dr. Eydam thinks that this problem may be solved by causing the oil of conifers to artificially evaporate in such apartments just as naturally as these oils are evaporated naturally in pine forests, and he is of the opinion that the evaporation of five grammes should suffice to purify 150 cubic centimeters of air. He uses for this purpose *Oleum terebinthinæ retificatum* combined with some *Oleum pini silvestris*. The purity of the air obtained thereby is said to be quite remarkable, and persons affected with heart disease or with asthma, as also lying-in women, are said to feel a great relief from it. Dr. Eydam calls attention, however, to the fact that it takes about a week before all the oxidizable bodies have been annihilated by the ozone. To secure a *lasting* and equable evaporation of the oil Dr. Eydam has made many experiments with porous substances. He has also made plates of clay, on which the oil, automatically drawn up by means of a wick, is caused to evaporate; one bottle full is sufficient for one hundred and fifty cubical meters for one month. The evaporation can, of course, also be secured without these plates, though with somewhat more trouble. Instead of the *Oleum pini silvestris* the common *Oleum pini pumilionis* might also be used.

PROF. DR. R.

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EDITORIAL BREVITIES.

"ONLY SIX LEFT."—Dr. George M. Gould in his *American Medicine* quotes (without credit) from the N. Y. *Evening Post* as follows:

"Homœopathic Pharmacies.—There is said to be only six homœopathic drug stores left on Manhattan Island. There is not one on Broadway."

As a matter of fact, the Directory says there are eleven, which is more than was ever before reported on "Manhattan Island." What historic, or scientific, significance can be attached to the fact that there are none on Broadway no one save the editors of the *Post* can determine.

CHOLERA AT MANILA.—The reports from Manila show from 10 to 60 cases daily "with a mortality rarely falling below 80 per cent." In the islands the cases have reached nearly 30,000, with similar mortality. Under pure homœopathic treatment, judging from the past, the mortality would not be over 10 per cent. But the powers that be will not recognize Homœopathy, hence the 80 per cent. of deaths.

NO COMPROMISE.—At the recent meeting of the British Homœopathic Congress, the great English surgeon, Mr. Knox Shaw, said: "We must remember that we are the only school that has held an opinion of the science of therapeutics for a century. We claim that there is a therapeutic science; and so long as the old school disbelieves in a science of therapeutics, so long must therapeutics be more or less at a stand-still; and so long, too, must there be a vital difference between the two schools of medicine. A fusion can scarcely take place whilst the principle of the mode

of selection of the remedy, based on the law of similars, is unacknowledged and untaught. The two schools have approached one another in many ways, and though some, amongst whom I would rank myself, would gladly welcome a closer binding together into the one great brotherhood of medicine, there still remains the need for a separate organization, a state of things rendered imperative owing to the antagonistic and uncompromising attitude of so many of the old school."

A TUBERCULOSIS SQUABBLE.—"The Franco-Prussian War has been revived on a small, very small scale, the two and only combatants being Dr. Garnault, of Paris, and Dr. Koch, of Berlin. The latter, it will be remembered, got himself much talked about last summer by springing upon the Tuberculosis Congress in London the views of various American observers (which he offered as his own without a word as to their true course), to the effect that bovine tuberculosis could not be transmitted to man. The love of notoriety being contagious, a number of men in different parts of the world quickly sprang into newspaper prominence by proclaiming themselves about to institute experiments to disprove Koch's assertion. Some of these scientists inoculated other persons, some more bravely inoculated themselves with tuberculous matter taken from cows. One of the latter was Dr. Garnault, of Paris, who recently announced in a letter to the *Temps* that pieces of his skin around the site of the inoculation had been examined by Professor Tuffier at the Pasteur Institute, who had found giant cells characteristic of tubercle. The Berlin correspondent of the *Figaro* thereupon interviewed Dr. Koch, who said Garnault was playing to the gallery, and that his experiments were neither serious nor scientific. The real test, he said, would be to drink the milk of an infected cow, which, he added, would be harmless. Dr. Garnault is reported to be greatly incensed by the Berlin man's sneers, and says Koch is a poseur and a plagiarist, and he will prove him wrong if he has to die in doing so. He says that tuberculous milk is fatal to children, but harmless to adults, and that the experiment of drinking it would be ridiculous and unscientific at his age. The next battle will be fought in Vienna, for Garnault says he intends to publish a full account of his experiments, confounding Koch at the same time, in the *Neue Freie Presse* of that city. To the onlooker it is evident that both parties to this wordy war are in the right—in their characterizations of each other."—*Medical Record*, Aug. 23.

PERSONAL MENTION.

Dr. Wm. L. Jackson has removed from Sorento, Maine, to 76 Dudley street, Roxbury, Mass.

Dr. T. L. Bradford has treated himself to a telephone, Bell 5-42-96 D.

Dr Horace P. Holmes, late of Omaha, now has charge of a mining camp of 800 men in Wyoming. He writes: "I have a mining camp of about 800 and in the six weeks I have been here have had them on straight homœopathic treatment. As I know of no other body of miners under a physician of our school I intend making a record of this work. I am positive we can get along without combination tablets, and without even the alternation of two remedies. Will let RECORDER hear from me from time to time." We hope—and are sure the RECORDER's circle of readers do the same—that Dr. Holmes will soon send in something concerning his experience in his new place. It will be interesting.

Dr. George M. Cooper, who for several years has had his office at 1625 Mt. Vernon St., has removed to 1621 Chestnut St., Philadelphia.

Dr. Wm. B. Boggess has removed from Philadelphia to Pittsburgh.

Dr. Robert W. McClelland, of 5th and Wilkins Avenues, Pittsburgh, Pa., met with an accident on September 8th that might have proved very serious. He was returning from visiting a patient when his carriage was struck by a fast running trolley and demolished. A severe scalp wound and bruises were the worst effects fortunately.

That indefatigable worker Dr. Clarence Bartlett has been seeing the proof of his work, *Diagnosis*, through the press all summer at the rate of 16 pages per day. In the matter of paper, press work, etc., it will be one of the finest medical works ever published.

If you want to go to Europe next summer write to Brother Frank Kraft, M. D., 57 Bell Avenue, for particulars of his proposed tour for 1903.

PERSONAL.

Time was when men waged fierce war on the locomotive because it took the "bread from their mouths."

Time was when a man could work—if he could get a job. Not now, he is not a free agent.

They say Bovinine applied externally will prevent the pitting in small-pox.

One kind of reforming means to do things you do not like to do.

The other reforming is to prevent some other fellow from doing certain things he wants to do.

Yes, Mary, the young man afraid to pop the question must be afflicted with "cardiac debility;" he surely must!

It is better to laugh than be crying, but when you cry you cannot laugh.

Jonathan did not want a tie that was "very much worn," he wanted a new one.

The preacher said, turn to your right and keep straight ahead, is the best way to heaven.

The cynic says that business is an effort to get the other fellows' money.

True, Mary, even a strong man may not be able to lift a little mortgage—alas, too true!

King Edward gave to physicians more honors than to any other profession. Good king!

WANTED. Married physician, graduate of Hahnemann, of Philadelphia, desires position as assistant. Address: *Assistant*, in care of P. O. Box 921, Philadelphia, Pa.

The book event of the year will be Dr. Clarence Bartlett's *Diagnosis*; it will replace all others on that subject.

Investigate well and you may be stuck just the same.

Success, as generally considered, consists of getting into "the papers," getting money and getting enemies.

The "world" consists of units more or less like yourself.

Better a hole in your coat than a patch.

The man who "has no time to read" always makes the editors boiling mad.

There are reams of "the stock" left, yet and all can get in on the ground floor before it goes up.

No, Mary, the paper in a "paper dividend" is not of the "long green" kind.

THE HOMŒOPATHIC RECORDER.

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No. 10

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Twenty-seventh Annual Session.

The twenty-seventh annual session of the American Institute of Homœopathy was held at Niagara Falls, N. Y.

The preliminary meeting was held in the parlor of the International Hotel, on Monday evening, June 8, 1874. The meeting was largely attended and showed a cordial good fellowship and an anticipation of a very pleasant and profitable session.

The Institute opened its regular session in Grant Hall, at 9 o'clock, A. M., on Tuesday, June 9th, being called to order by the President, Dr. John J. Youlin, of Jersey City, N. J., who announced the order of business as arranged by the Executive Committee, which was unanimously adopted.

The President then delivered the Annual Address. He welcomed the members of the Institute to Niagara, and in a few glorious sentences described the Falls as they grow upon the beholder until he is drawn toward them by an irresistible desire to study with greater and greater admiration and awe the boundless power of the Infinite.

Dr. Youlin then took the study and practice of medicine and surgery, from the distant ages to the brilliant present, and in and through all he traced progression, until the advent of Homœopathy opened a wider, a yet grander scheme for the sole benefit of long suffering humanity. He could not say that the Law of Similia Similibus Curantur was the final, the acme of medical science, but he knew that it was the greatest discovery that had

ever been made, that it was not a theory nor a dogma, but a truly established doctrine founded upon a natural law, and that therefore it could never change. Homœopathy can never retrograde nor stand still. Its motto must be upward and onward, and anything that may ever supersede it must of necessity be grander and better. Hahnemann searched for truth and found this Law, his followers must keep on searching and attaining better medicines, simpler and more merciful methods and grander results. He cited the advance of the science in the old world and the new. The number of colleges, hospitals and other institutions for the promulgation of the great scientific truth that must and will prevail over the darkness of empiricism. He invoked the members there assembled to work faithfully and well for the credit of the Institute, upon which the whole world was gazing with keenest interest or with speculative doubt.

Dr. Youlin made several recommendations to the Society:

I. I recommend that the names of the constituent members of the Institute be printed annually in the Transactions, after the manner referred to in the President's address.

II. I recommend that a certain number of honorary and corresponding members be elected annually, to be chosen from the homœopathic practitioners of foreign nations, until every nation is thus represented in the Institute. And further, that such members be requested to furnish annual statements concerning the condition of Homœopathy in their respective countries.

III. I recommend that the Bureau of Materia Medica, Pharmacy and Provings be divided so as to give a wider range to these important branches.

IV. I recommend that all members of the Institute traveling abroad be constituted from year to year the Committee on Foreign Correspondence; and that the names of all such members making a report at any annual meeting be published as said Committee in the Transactions.

V. I recommend the forming of a Bureau of Microscopy to consist of at least five members.

VI. I recommend the appointment of a Botanical Committee for this session whose duty it shall be to present to the Institute each day two or three specimens of medicinal plants which they may secure in their excursions.

VII. I recommend that the Committee on Legislation be instructed to prepare a bill or act to present to Congress authorizing

or instructing the Signal Service Corps to report the effects of atmospheric changes upon disease in different portions of the country.

On motion of Dr. N. R. Morse, of Salem, Mass., Dr. Youlin was thanked for his able, instructive and eloquent address, and it was agreed that five members should be appointed a Committee to consider the several suggestions of the President and take action upon them.

S. R. Beckwith, M. D., of Cincinnati, moved an amendment to the order of business, that where two or more bureaus are appointed to report during one session the time shall be equally divided between them. This was agreed upon.

The President appointed as the Committee on Credentials, N. R. Morse, M. D., Salem, Mass.; R. B. Rush, M. D., Salem, O.; and T. L. Brown, M. D., Binghamton, N. Y.; and as the Auditing Committee, E. Darwin Jones, M. D., Albany, N. Y.; George A. Hall, M. D., Chicago, Ills., and Henry E. Stone, M. D., Fairhaven, Conn.

The Board of Censors being incomplete, Dr. Youlin nominated George W. Swazey, M. D., George H. Wilson, M. D., and Cornelius Ormes, M. D., to fill out the requisite number.

A. E. Small, M. D., moved to make the limit, allowed to each member for their speeches, ten minutes instead of five, as heretofore. Agreed to.

Samuel Lilienthal, M. D., moved that if the speakers of the various bureaus exhausted the allotted time, they should have the privilege of holding sectional meetings, the results of these meetings to be counted a part of the proceedings of the Institute, and to be incorporated in the Transactions when published. Agreed to.

The Bureau of Anatomy, Physiology and Hygiene made their report through J. D. Buck, M. D., Chairman of the Bureau. The papers were: "Observations on the Lymphatics," A. R. Thomas, M. D., Philadelphia; "The Functions of the Lymphatic Glands," F. F. De Derkey, M. D., Mobile, Ala.; "Diseases of the Lymphatic Glands and Vessels, and Their Relations to Other Diseases," William Von Gottschalk, M. D., Providence, R. I.; "The Functions and Disorders of the Lymphatics," J. D. Buck, M. D., Cincinnati, O.

The papers were read and accepted for publication. The Bureau was closed and the President named the members of the Bureau for the next year.

The Bureau of Materia Medica, Pharmacy and Provings offered their report through J. P. Dake, M. D., Nashville, Tenn., in place of the Chairman, who was not present. The papers were: "Verifications of *Lilium tigrinum*," by H. H. Baxter, M. D., Cleveland, O.; "A Vindication of the Bureau of Materia Medica," and "A College of Drug Provers for the Cultivation of Materia Medica," J. P. Dake, M. D., Nashville, Tenn.

The Bureau took a recess until the evening session, when the President, T. F. Allen, M. D., was present. He offered the following additional papers: "On the Significance of Primary and Secondary Symptoms," E. M. Hale, M. D., Chicago; "Provings of *Physostigma venenosum* (Calabar Bean)," T. F. Allen, M. D., New York; "Provings of *Hamamelis Virginica*," Wallace McGeorge, M. D., Woodbury, N. J.; "Provings of *Tanacetum vulgare*," Alfred K. Hills, M. D., New York; "Fragmentary Provings of Lactic acid," Alfred K. Hills, M. D., New York; "Provings of the Aztec Flower (Mexican Gentian)," Emma Scott, M. D., New York; "Provings of the Fresh Egg Shell with the Membrane On," Caroline B. Winslow, M. D., Washington, D. C.

Dr. T. F. Allen moved that the papers be accepted for publication, but Dr. T. P. Wilson moved to amend that the papers on provings that presented but one prover should be referred back to the Bureau until a sufficient number of provings had been made to make them acceptable to the Institute for publication. Agreed.

After some further discussion the Bureau closed and the President named the members for the coming year.

The Bureau of Clinical Medicine next came forward, L. E. Ober, M. D., Chairman, reporting that Meningitis Cerebro-spinalis had been selected as the subject for the report. The papers were: "Diagnosis, Pathology and Prognosis of Meningitis Cerebro-spinalis," by Wm. H. Watson, M. D., Utica, N. Y.; "Report of Cases of Meningitis Cerebro-spinalis," George A. Hall, M. D., Chicago; "The Effects of Meningitis Cerebro-spinalis, upon the Heart," Bushrod W. James, M. D., Philadelphia, Pa.; "Lunar Influences," William Eggert, M. D., Indianapolis, Ind.; "On Reporting Clinical Cases," L. E. Ober, M. D.; "A Case of Spontaneous Hydrophobia," O. P. Baer, M. D.; "Which Medical Practice? An Analysis of Over Eighty Thousand Cases," E. M. Kellogg, M. D.

The papers were referred for publication, and the President appointed the Bureau for the ensuing year.

E. M. Kellogg, M. D., Treasurer, offered his report, which was referred to the Auditing Committee and found correct.

The report of the Committee of Publication was next in order.

Robert J. McClatchey, M. D., General Secretary, reported the publication of a volume of Transactions of 763 pages, which had been properly distributed to members, journals, libraries and foreign homœopathic associations. Dr. McClatchey called attention to the fact that copies of some papers that had been referred to the Committee of Publication had been retained by the writers, and were published elsewhere than in the Transactions of the Institute. He urged upon the Institute the propriety of using measures to protect the papers of the Association from the recurrence of any such act in future.

The Board of Censors, F. R. McManus, M. D., Chairman, presented ninety-seven applicants, whose credentials made them eligible to membership in the Institute. They were therefore elected.

Drs. J. P. Dake, N. R. Morse, A. E. Small, George A. Hall and John R. Reading were appointed the Committee to take action on the suggestions made in the President's Address.

The President appointed as the proposed Botanical Committee T. F. Allen, M. D., New York; William Von Gottschalk, M. D., Providence, R. I., and Henry Detwiler, M. D., Easton, Pa., who were instructed to report at each morning session.

On Wednesday morning the session opened with a report from the Botanical Committee. A number of medicinal plants were found near the Falls, among them being *Plantago major*, *Taraxacum*, *Arctium lappa*, *Rhus radicans*, *Verbascum thapsus*, *Hyoscyamus niger*, *Cynoglossum officinale*, *Rumex crispus*, *Abies Canadensis*, *Thuja occidentalis*, *Podophyllum peltatum*, *Arum triphyllum* and *Sambucus*.

The Secretary reported a communication from Dr. Adam Miller, of Denver, Colorado, telling of a hospital to be erected at Colorado Springs, to be conducted under the auspices of the American Institute of Homœopathy, Dr. Martin Mayer Marix being in charge of the undertaking.

On motion of Dr. F. F. De Derkey, the General Secretary was instructed to write to Dr. M. M. Marix, a member of the Institute, and admonish him against permitting the name of the Institute to be used in such a manner, as there had been no mention in the Institute of such an undertaking.

The Committee on Climatology offered its report, A. R. Wright, M. D., Buffalo, N. Y., taking the place of the Chairman, M. M. Marix, M. D., who was absent. The papers were:

"Climatology of Colorado, With Special Reference to Diseases of the Respiratory Organs," M. Mayer Marix, M. D., Denver, Col.; "Report on the Climate of California and Its Sanitary Conditions, With Meteorological Observations," Frederick Hiller, M. D., San Francisco, Cal.

"A Report On Climatology," A. R. Wright, M. D., Buffalo, N. Y.

The papers were read and reported for publication. The President then appointed the members for the Bureau of Sanitary Science and Climatology for 1875.

J. P. Dake, M. D., offered the following resolution, which was unanimously adopted:

"*Resolved*, That the Bureau of Climatology of the American Institute of Homœopathy be, and they are, hereby instructed to secure reports from the chief points of observation of the Signal Service of the United States Army, establishing the prevalence of various diseases at these points from time to time."

The Bureau of Obstetrics was opened by R. Ludlam, M. D., in the temporary absence of its Chairman.

"The Treatment of Puerperal Fever," by O. B. Gause, M. D., Philadelphia, was the first paper presented.

J. C. Sanders, M. D., Chairman of the Bureau, then arrived, and announced that "Puerperal Fever" had been made the subject for presentation and discussion. He continued the papers which were:

"Clinical History of Puerperal Fever," J. F. Cooper, M. D., Allegheny, Pa.

"Etiology and Infectiousness of Puerperal Fever," Mary J. Safford Blake, M. D., Boston, Mass.

"The Differential Diagnosis and Prognosis of Puerperal Fever," R. Ludlam, M. D., Chicago, Ill.

"Regimental Management of Puerperal Fever," J. C. Sanders, M. D., Cleveland, Ohio.

The papers were read, discussed, and the Bureau closed, the President naming the members of the Bureau for 1875.

The Bureau of Gynæcology presented their report through Samuel Lilienthal, M. D., of New York. The papers were:

"Post-Partum Uterine Hemorrhage," Michael Friese, M. D., Harrisburg, Pa.

"Uterine Hemorrhage," Cornelius Ormes, M. D., Jamestown, N. Y.

"Hemorrhage After Labor," William H. Hunt, M. D., Covington, Ky.

"The Homœopathic Treatment of Uterine Hemorrhages," Mercy B. Jackson, M. D., Boston, Mass.

"The Sequela of Post-Partum Hemorrhage," S. Lilienthal, M. D., New York.

"Menorrhagia and Its Treatment," E. G. Cook, M. D., Buffalo, N. Y.

"The Treatment of Menorrhagia," C. B. Winslow, M. D., Washington, D. C.

"A Case of Menorrhagia," L. A. Ren Dell, M. D., New York.

"Vaginal Hernia: Operation for Radical Cure," Willis Danforth, M. D., Chicago, Ill.

Dr. Julia A. Dunning gave a verbal description of a case of uterine hemorrhage of very grave character that occurred in her practice and was promptly suppressed by a vaginal injection of hot water.

The papers, read and discussed, were referred for publication, when the Bureau was relieved and the new members appointed by the President.

At the evening session the business opened with a report from the Bureau of Pædology, made by Dr. N. R. Morse, who was appointed to act in place of the absent Chairman, Dr. T. C. Duncan. The subject for papers and discussion was "Cholera Infantum," the papers being:

"Nature and Etiology of Cholera Infantum," T. C. Duncan, M. D., Chicago.

"The Pathology of Cholera Infantum," N. R. Morse, M. D., Salem, Mass.

"Hygienic Management and Diet in Cholera Infantum," Emma Scott, M. D., New York.

"Therapeutics of Cholera Infantum," Henry N. Martin, M. D., Philadelphia.

"Suggestions Respecting the Influence of Functional Activity of the Reproductive System in Lactation and the Nutrition of Infants," G. H. Wilson, M. D., West Meriden, Conn.

F. R. McManus, M. D., Baltimore, Md., made a statement regarding his experience with cholera infantum.

The papers being read and widely discussed, the Bureau was

closed and the President appointed its new members for the ensuing year.

All the Committee on Foreign Correspondence being absent, Dr. Carroll Dunham made a statement that he had a most interesting report relating to the very satisfactory progress of Homœopathy, and he had also two or three letters from Dr. Tommaso Cigliano, correspondent in Italy. The letters and reports were accepted and referred for publication.

The Bureau was then discharged and new members announced to serve in 1875.

Dr. David Thayer, Boston, Mass., chairman of the Committee on Homœopathic Colleges, made quite a satisfactory report of homœopathic progress in hospitals and dispensaries throughout the country.

Accompanying this report was this resolution, unanimously adopted:

“*Resolved*, That the American Institute of Homœopathy cordially and earnestly recommends all homœopathic colleges in this country to adopt a uniform system of education and requirement; and to this end would further recommend to each homœopathic college to appoint one or more members of its faculty to constitute an inter-collegiate committee, whose duty it shall be to recommend and adopt such rules of comity and other measures as will further the above object.”

The Committee on a Homœopathic Dispensatory, Carroll Dunham, M. D., Chairman, reported the Dispensatory as almost complete; the revision and transcription would be finished before the next session of the Institute. The report was accepted and referred for publication.

The Committee on the New Constitution and By-Laws reported them printed and distributed among members.

The morning session of the third day opened with a report of the Botanical Committee, who presented *Euphorbia*, *Juniperus communis*, *Uva Ursis*, *Asclepias Syriaca* or *cornuti*, *Apocynum perfoliatum*, *Polygala*, *Senega*, and *Zizia aurea*.

The Necrological Report was presented by Henry D. Paine, M. D., of New York, the Necrologist, and included the names and history of David James, M. D., Philadelphia, one of the pioneers of Homœopathy in Philadelphia; Isaac James, M. D., father of Dr. David James, of Philadelphia; Alpheus Morrill, M. D., Concord, N. H.; Christian Frederick Geist, M. D., Boston, Mass.;

John Alsop Paine, M. D., Lake Forest, Ill.; Simeon A. Cook, M. D., Troy, N. Y.; Walter Martin Williamson, M. D., son of the late Dr. Walter Williamson, Philadelphia; Henry E. Morrill, M. D., Brooklyn, N. Y.; William E. Buckley, M. D., Danbury, Conn.; George W. Perrine, M. D., Milwaukee, Wis.; Edgar B. Cole, M. D., Waterford, N. Y.; Eugene Bitely, M. D., Paw Paw, Mich.; Alfred Zantinger, M. D., Philadelphia; Miles W. Wallens, M. D., Somerville, N. J.; David R. Stouffer, M. D., Shipensburg, Pa.; Thomas B. Benedict, M. D., Ionia, Mich.; James H. Austin, M. D., Bristol, Conn.; Thomas Jefferson Vastine, M. D., St. Louis, Mo.

The obituary and memorial notices were noble tributes to the departed physicians, who had all done their work well. Some were accompanied with resolutions of touching moment to relatives, the profession and the Institute.

The time and the place of the next meeting were discussed, when it was decided to meet at Put-in-Bay, Lake Erie, on Tuesday, June 15, 1875.

The Bureau of Surgery now made its report in the following papers:

"Fractures of the Cranium," by E. C. Franklin, M. D., St. Louis, Mo.

"Dislocation and Fracture of the Pelvis," Wm. Tod Helmuth, M. D., New York.

"Dislocations of the Shoulder, Elbow, Wrist and Phalanges," Lewis H. Willard, M. D., Alleghany, Pa.

"Fractures of the Leg," J. H. McClelland, M. D., Pittsburg, Pa.

"Fractures of the Bones of the Face," J. G. Gilchrist, M. D., Tidioute, Pa.

"Fractures and Dislocations of the Ankle," S. R. Beckwith, M. D., Cincinnati, Ohio.

"Ununited Fractures and Delayed Union," Hamilton F. Biggar, M. D., Cleveland, Ohio.

"Seventy-four Cases of Fracture," Malcolm Macfarlan, M. D., Philadelphia.

"Hydrarthrosis of the Knee Joint," R. E. Caruthers, M. D., Alleghany, Pa.

The papers, read and discussed, were referred for publication.

E. D. Burr, M. D., Lansing, Michigan, explained the efficacy of homœopathic medicines as adjuncts in the treatment of fractures.

The Bureau then closed and the President announced its members for the next year.

The special Committee, appointed to consider the recommendations made in the President's Address, reported favorably on the recommendations, adding that the names of the senior members should be placed by themselves at the head of the list of members annually published in the Transactions, printed in capitals, and that those deceased should be properly designated.

The report was accepted and the Committee discharged.

An interesting report was presented from Dr. John L. Whetstone, President of the Cincinnati Sanitarium for the Treatment of Mental and Nervous Diseases. The report was referred, and Dr. S. R. Beckwith was acknowledged as a delegate from that Institution.

The Bureau of Ophthalmology and Otology made their report and delivered papers through Henry C. Houghton, M. D., of New York. The subject for special consideration was Cataract, and Catarrh of the Middle Ear. The following were the papers submitted.

"Hard Cataract," Malcolm Macfarlan, M. D., Philadelphia.

"Traumatic Cataract," C. H. Von Tagen, M. D., Cleveland, Ohio.

"Congenital Cataract," T. P. Wilson, M. D., Cincinnati, Ohio.

"Catarrhal Inflammation of the Middle Ear," Henry C. Houghton, M. D., New York.

"The Abuses of Politzer's Method of Treatment of Catarrhal Inflammation of the Middle Ear," William N. Guernsey, M. D., New York.

"Retinitis from Bright's Disease," T. P. Wilson, M. D., Cincinnati.

"Secondary Glaucoma from Riband-shaped Opacities of the Cornea," George S. Norton, M. D., New York.

"The Physiological Action of Iridectomy in Glaucoma," S. J. Bumstead, M. D., Pekin, Ills.

"Aqua Chlorinii and Baryta jodata in Ophthalmic Practice," T. S. Liebold, M. D., New York.

"Engorged Papilla and Its Significance," W. H. Woodyatt, M. D., Chicago, Ill.

The papers were read and partly discussed, and referred for a sectional meeting at call of Chairman. The papers were

afterward accepted for publication, and the Bureau closed, the President announcing the names of members to serve in 1875.

A Bureau of Microscopy was then formed, Drs. O. P. Baer, T. F. Allen, Bushrod W. James, J. D. Buck and D. G. Woodvine being appointed to serve upon it for 1875.

The Bureau of Psychological Medicine reported through Geo. W. Swazey, M. D., who named the following papers:

"Mental Diseases in Relation to Homœopathy," J. H. P. Frost, M. D., Danville, Pa.

"Psychical Nosology," George F. Foote, M. D., Stamford, Conn.

"The Retentive Power of the Sensorial Faculties," C. G. Raue, M. D., Philadelphia.

"Mind Influence in the Cure of Disease," T. L. Brown, M. D., Binghamton, N. Y.

"Popular Psychology," G. W. Swazey, M. D., Springfield, Mass.

The papers were read and discussed and afterward referred for publication. The President then dismissed the Bureau and appointed its new members.

The meeting of the fourth day opened with a paper on the "Use of Tobacco," which was read and referred for future consideration.

R. Ludlam, M. D., offered the following resolution:

"*Resolved*, That the records of all discussions of the several Bureaus be printed, each in its proper department, in the volumes of the Transactions." Adopted.

The Bureau of Medical Literature presented its report through Samuel Lilienthal, M. D. The report, being read, was referred to the Committee for Publication.

The Bureau was discharged, and new members appointed for the ensuing year.

The Bureau of Organization, Registration and Statistics reported through its Secretary, T. S. Hoyne, M. D., who delivered the paper for publication.

The new members were appointed by the President.

The Secretary presented several resolutions handed to him by members of the Institute. They were:

"*Resolved*, That hereafter any member of the Institute, who shall publish or cause to be published any report or paper read before the Institute, accepted and referred to the Committee of

Publication, elsewhere than in the regular volume of Transactions, shall be deemed guilty of an offence which shall subject the member offending to the censure of the Institute." This was adopted.

"*Resolved*, That the Institute instructs the Committee on Legislation to consider and report what action may be required in the several States to establish hospitals for the insane, to be under homœopathic control, upon the same basis as the allopathic State Asylums." Adopted.

The Committee on Legislation made a verbal report, which embraced the work of the Committee toward establishing well ordered State societies. The report was accepted and the new Committee appointed by the President.

The Committee on the World's Homœopathic Convention presented a draft of its manner of proceeding, which was accepted, and on resolution it was directed to proceed with the said plans and arrangements.

The Committee on Credentials presented an elaborate report of colleges, hospitals, dispensaries, etc., in the United States, with their officers. The report was accepted for publication.

The election of officers for 1875 followed.

President—W. H. Holcombe, M. D., New Orleans, La.

Vice-President—L. E. Ober, M. D., La Crosse, Wis.

General Secretary—Robert J. McClatchey, M. D., Philadelphia, Pa.

Provisional Secretary—Bushrod W. James, M. D., Philadelphia, Pa.

Treasurer—E. M. Kellogg, M. D., New York, N. Y.

Censors—F. R. McManus, M. D., Baltimore, Md.; N. R. Morse, M. D., Salem, Mass.; C. G. Higbee, M. D., St. Paul, Minn.; C. S. Eldridge, M. D., Chicago, Ill.; H. F. Biggar, M. D., Cleveland, O.

After some slight discussion upon different subjects, W. H. Holcombe, M. D., the new President, made a short and eloquent address, after which the Institute adjourned to meet on June 15, 1875, at Put-in-Bay, Lake Erie.

CASES FROM PRACTICE.

By Dr. Mau, in Kiel.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, August, 1902.

I. A gentleman of thirty years had gone through pneumonia six months ago, and has had ever since a dull, disagreeable sensation in the side which had been the seat of the inflammation. He says that he had never been sick before, though he has an uncle on his father's side whose chest is affected, and who is probably tuberculous. Prescription: *Tuberculinum* 200, five powders, one to be taken every ten days. The patient was not heard from for a long time; so I was somewhat uncertain as to the effect of my treatment. But later on a number of patients came to me from that part of the country, directed to me by this former patient who, as they told me, had been fully restored after taking the five powders.

II. Another case, similar to the foregoing, was a young man who had had pleurisy in the left side a year ago, and who cannot get rid of a lancinating pain in the same side. The pain is not continual, but it comes at the smallest exertion, the slightest cold, often even as soon as the east wind sets in, even when he has not at all been exposed to the open air. Though it does not disqualify the patient for work, yet it makes him inert and indisposed to work—he is a farmer, and it thus embitters his life. Of diseases he has had pneumonia, scarlatina, measles and diphtheria, is of a vigorous constitution, and would like to feel healthy and strong. To begin the treatment I gave him *Sulphur*, high and low, every day, of the 6th decimal trituration, as much as would lie on the tip of a penknife, and every evening five pills 30 C. Whether any other medicine would be needed and which one, would appear soon afterward. The medicine acted so well, however, that the patient did not think it necessary to come back, but he wrote to me twice, receiving the same prescription, after which he was well.

III. A third case, somewhat similar, was that of a man who had had gonorrhœa some years before, which had been treated with injections; no other hereditary encumbrance. *Thuja* 30 brought some improvement. Two weeks later the same prescription was repeated. But no improvement being manifested in two

weeks more, *Thuja* 30 and *Sulphur* 30 were given in alternation, a powder every four days. A month later there had been no further improvement. On making a more searching examination, though I was not fully convinced, still I entertained a strong suspicion that there must be a tuberculous encumbrance, even though the patient was unwilling to admit it; so I prescribed *Tuberculinum* 200, one powder every ten days. After five powders he was dismissed cured.

From this example we may conclude that it is not so much the local ailment—the pathological—anatomical diagnosis which gives us the characteristic points for the cure, *i. e.*, for the choice of the remedy, as a correct conception and judgment concerning the constitution of the patient, and acting upon this. But this is not “scientific,” you may say, nothing is scientific but the pathological-anatomical diagnosis, and measures founded upon this! But that does not matter, we shall then cure our patients in an unscientific manner.

It is rather peculiar that we homœopaths meet with so many cases which cannot fully recover after an acute disease which has been treated allopathically, so also that patients who have had pneumonia once are so apt to be seized by it a second time. The lady mentioned in Burnett’s 33d reason for being a homœopath had a severe inflammation of the eyes once or twice every year, in spite of the “best,” *i. e.*, scientifically specialistic treatment. But when such cases are treated homœopathically all these relapses or recidives come to an end all at once, showing that the constitutional treatment has great advantages over the “scientific” method.

IV. In a house where I had last winter at the same time treated two children with croup, which were quickly healed on giving them *Hepar* and *Spongia*, a third child, eighteen months old, fell sick about the same time. It had a long-continued, dry cough, some fever, a quick pulse (120) and would not eat anything. An examination of the throat and chest gave a negative result. I prescribed *Aconite* 3. Next day the state was the same. Prescription: *Aconitum* alternating with *Belladonna* 3. The next day there was no change, only the head felt a little warmer than normal. No headache nor vomiting. I told the parents that an inflammation of the brain was coming, and that the state of the brain was really (as I had suspected from the first) the cause of all the other symptoms. I prescribed *Tuberculinum* 1000, one

dose; with this I gave *Iodium* 3 and *Glonoinum* 6, every half hour in alternation; liquid nourishment was given in small quantities as the infant was willing to take it. In the morning and evening a clyster of a pint of very warm water was given, and occasionally, when the head was very hot, cold water compresses were made. As long as necessary these were changed every five minutes. The water in which the compresses were dipped was also renewed ever hour, as its freshness vanished from being in the room; but no ice compresses were applied. Next day the temperature was 104° F. *Veratrum viride* was given in alternation with *Iodium* and *Glonoinum*. It thus went on for four or five days, when all the symptoms diminished, and in week more the child had recovered. I might add that the infant had a tuberculous encumbrance.

SEPIA IN HERPES CIRCINNATUS.

By Dr. Schwencke in Cœthen.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*,
July, 1902.

From an article on *herpes circinnatus* we excerpt the following interesting cases:

I. A widow from the village P . . . z, in Anhalt, fifty-six years of age, of vigorous constitution, fair hair and evidently very sanguine temperament, was suffering from herpes circinnatus on the right side of the face. This had already extended over the nose, cheek and upper lip. The patient seems to have taken the matter easy for some time, but as the herpes continued to spread she was obliged to call in medical aid. She stated that she never had any visible cutaneous eruption, nor could she make any statement as to any ailment in the past.

I gave her six powders, with *Sepia* 15. These were to be dissolved in water, one a day, and a dose of the solution to be taken morn, noon and night. No change was seen at first, so that the remedy had to be repeated twice. But after that a change appeared and the herpes gradually diminished, and at last totally disappeared and has not appeared again, a year having elapsed since the cure.

II. G. V., a mason's apprentice, seventeen years of age, also

from this neighborhood, of very phlegmatic temperament, and particularly inert and awkward in his mental make-up, had had a herpes circinnatus for nine months, when he came to me. The herpes was on the right cheek and the itching was very troublesome. He could not state anything else about his health. During two months he received twice six powders of *Sepia* 6, one to be dissolved a day and taken at three periods of the day. The patient was cured of his ailment and remains in good health.

ILLUMINISM AND MYSTICISM.

By Dr. Kruger.

Translated for the HOMŒOPATHIC RECORDER from *Journal Belge Hom.*, August 31, 1902.

"Pasteur will pass away, Hahnemann will remain."—*The author.*

The important article by Dr. Jousset, which has just appeared in *L'Art Medical* under the title "Constitution of Therapeutics," has suggested to me many reflections, which I herewith submit to my colleagues. The ruling idea in that article seems to me to be to attach Homœopathy to the general tradition, but, by preference to the current of Hippocrates, presenting Pasteur as one who continues that current, so as to insert Hahnemann between these two learned men, thus as a link (though imperfect and devious) in the lineage of those that have directed medical humanity. Homœopathy (a sectarian name) would then be nothing but the sister of *Antipathy*, which Galen has so well delineated, his only error consisting in making it predominate, thus keeping Homœopathy merely as the title of a relic, of a pious keepsake from his illustrious predecessor.

Therapeutics, according to Dr. Jousset, rests on three foundations: 1. The healing force of Nature (*Naturisme*); 2. The Law of Similars; 3. The Law of Contraries. This last law is, indeed, very much reduced in importance by our author, as he shows that the therapeutics of Galen seeks to destroy the cause of maladies, and for this purpose seeks to find out what is the opposite of this cause. Now the cause of (internal) maladies is of a hypothetical or unknown nature, and the effects of the medicines opposed by Galen to this cause are also hypothetical and unknown, since he never experimented on healthy persons for the purpose of finding

out the actual effect of medicines. The struggle against the disease itself by means of opposing agents is still mere absurd.

The law of contraries is at last reduced to battle by means of *surgery*, by *prophylaxis* and by *palliation*. It is easy to show that this roll is illusory. What is surgery? A manual mechanical practice applying itself to accidents happening to healthy persons. There is no other legitimate surgery. As soon as any one touches with hand and instrument the pathological domain he encroaches upon and usurps ground on which he is in *absolute antagonism with medicine*. I lay it down as a principle, and it is not a mere mental view, but a rugged syllogism flowing from observation, that there is a radical opposition between the two sciences, the two practices of surgery and medicine. On what is our confirmation based? On *the law of polarity as established by HERING*. The human or animal organism (and perhaps also the vegetable) possesses two opposite poles, as is seen in the action of the *venom of serpents*, which is hurtful when *introduced subcutaneously*, but harmless when absorbed or *ingested* by the mouth. By the *internal* (hypodermic) *pole* we have the toxic effect, the poisoning, the internal, spontaneous or natural disease. Through the *external pole* (by digestion or respiration) we have the provoked or artificial disease.

Alcohol when applied to wounds is the king of antiseptics, and yet alcoholic persons are the first victims of epidemic influences. Pathological surgery, therefore, is opposed to reason. Internal diseases should be met by internal remedies.

Prophylaxis, such as Dr. Jousset understands it, is another Utopia. To say that the treatment of hydrophobia by *rabid virus* is a prophylactic treatment is nonsense. We do not guard against a stroke after it has been made. If your subject is really under the power of hydrophobia, you have to cure him. Quite different is the action of *Hydrophobinum* or *Lyssinum* when ingested. Quite different also is the action of the *Solanaceæ*, the *venom of serpents*, of *Coccionella septempunctata*, etc. Intensive treatment causes paralytic frenzy, for it is a mixed frenzy made up of hydrophobia and experimental madresses. You have no right to treat for hydrophobia except where there are convulsions; if you do, your experiments are purely empiric. There is nothing to prove that the persons bitten whom you are treating would ever have had hydrophobia, and nothing proves that the subjects dismissed as healed from Pasteur's Institute have been cured of anything.

The only legitimate prophylaxis is that of surgery, which prevents surgical infection by antiseptics, which are antidotes of exterior germs. And even here much might be said about purulent diathesis or predisposition, and of those wound remedies (*Vulneraires*) destined to supplant antiseptics. (I have just had an experience of the power of *Veratrum viride* in puerperal infection or uterine septicæmia. The patient having undergone the excision of several gangrenous fibromas could not resist putrid infection in spite of antiseptic injections, and thus there were developed phlebitic fever, delirium, tetanus. *Thuja* 18 and *Veratrum viride* 6, and in tincture, were alone able to save her.) There is no absolute prophylaxis but that of hygiene in diseases resulting from a disregard of the regimen, etc. Otherwise medical prophylaxis obeys (not the law of opposites, but) the law of similars, as *Belladonna* in scarlatina, *Thuja* in varioloid.

We at last arrive at decidedly the worst application of the law of opposites, *Palliation*. To palliate a disease is merely to deceive the patient as to the quality of the merchandise sold to him; it is to aggravate the disease by the fatal reaction caused by the antipathic remedies administered; morphinism in insomnia, hydrogenoid rheumatism in hyperthermy, aloism in constipation. We may add to this the list of checks by hypnotics, narcotics, anæsthetics, purgatives, refrigerants (25° in typhoid fever). Then, again, the palliative remedy masking the disease takes away those signs which would indicate the true remedy, while the palliative is at the same time very frequently the antidote of the proper remedy (*Opium* to *Belladonna*, *Ipecac.* to *Emetin.*, *Quinine* to *Arsenic*, *Arnica* to *Ignatia* in mental forms; *Iodine* remedies to *Mercury* and *Sulphuric* remedies, *Ferrum* to *Quinine*, etc.) Air, water, light, heat, massage, electricity, magnetism (mineral or animal) are so many agents as positive as pharmaceutic medicines; but, excepting those cases where they are homœopathic to the disease, their antipathic application can only apply itself to the disease by accident, in default of hygiene. Finally, we need to distinguish between Therapeutics, or the art of healing in general, and *medical science*. To speak properly, Homœopathy is nothing else from a practical point of view. It is because of a lack of distinction in this respect that so many improper terms have been created; vices of language and confusions of thought. Theoretically, Homœopathy is the most universal thing in medicine, embracing sometimes hygiene and physiological remedies,

and renewing all branches of the medical sciences into which it infuses the vital sap of spirituality. Practically, Homœopathy limits itself voluntarily to the application of remedies, and frees itself so much the better from palliatives and surgery as it confines itself closely to symptomatic indications.

Even in the treatment of *poisoning* the law of similars surpasses the law of opposites; so in the treatment of poisoning with *Codein* I had a case in my practice cured with *Opium* 30. The infant, supposed to be attacked with meningitis, was in a coma in consequence of the absorption of excessive doses of *Codein* given for a stubborn cough due to grippe. *Ipecac.* had been given after the *Codein*, and the *Ipecac.* could not be vomited up owing to the paralysis of the stomach due to the opiate. I gave *Opium* and the infant discharged the *Ipecac.* by a stool. I have also seen the power of dynamized *Opium* in another case of coma which had lasted three days as a consequence of measles. We may also add the cure of the tobacco disease by *Tabacum* 200, of the bronchitis of knife-grinders with *Silicea* 30, of the osseous diseases of workers in mother-of-pearl with *Conchyolinum* (mother-of-pearl dynamized), Hydrargyrisism with *Mercurius sol.* (HERING).

We now come to the third basis of therapeutics, *Natura medicatrix*. Here, again, to elude the law of similars is a lure. We know the misdeeds of Nature in its madness, tempests, cyclones and inundations. Of such a nature also are the running abscesses, and formerly cauteries, setons, moxas, and the use of fire. The medical art has drawn thence its venesection, single or repeated, counter-stimulants, revulsions, purgations. It is far thence to the expectative method, and few of the medical interventions have in them less that is disturbing. *Natura medicatrix* ought not to lead us to a fatalistic expectative method in which we merely rely on time, the advance of age, a change of air, etc. "Allah is great and Mohammed is His prophet!" Here I would rather follow the advice of Galen. The true therapist seeks to *subdue* the disease; he believes firmly in choking off. In the *Revue Homœopathique* I have shown how grippe, with inflammation of the meninges, may be choked off with *Gelsemium* 6. The effect was truly theatrical; he had black diarrhœa and profuse perspiration at the close of a fever with 40° C., a cerebral awakening (the patient would fall asleep while talking), the white spots disappeared as also the trembling, and all this by three doses in twelve hours. How frequently do we obtain purging by

means of *Calcareæ*, or of *Hepar sulph.*, or of *Sepia*! How frequently have the patients told me, "Your remedy was like oil in the lamp!" And then again, the cure of a general paralytic in thirty-six hours by means of three doses of *Lachesis*! And when we come to rapid cures of visible lesions the number of cases abound.

Surgery generally pursues a case contrary to the adage, "*Sublatis effectibus tollitur causa.*" There the rule of contraries rules supreme, it is just the opposite of common sense. The effects are removed, but the cause remains. In medicine the similitude of effects with heterogeneous causes leads to the cure of the morbid effects, and, in consequence, to the disappearance of the original cause. We mount up to the roots through the branches. Pathology at this day is the natural history of entities carefully shut up behind glass doors. *Noli me tangere!* *Do not give any attention to morbid cycles!*

Surgery, however, operates by false checks, and medicine gives up the true checks, because it does not strictly apply the law of similars. What do I mean by checking? I mean strangling not nature, but the disease. And the remedy has due regard to the morbid cycle. It neither violates nor destroys the natural pathological evolution. It merely calls forth a favorable and accelerated reaction which shortens and turns to its decline and extinction the morbid disturbance and vitiation. It leads healing nature to find again the path which it had lost and had not the reason by which it could find it again; astray without a guide in a labyrinth. It causes nature to pass back through the meandering through which it strayed, and thus to retrace its way to the ancient and primitive phases of life, which it now reverses before our eyes. This sight is a frequent one with the industrious explorers of our *Materia Medica*, but it is completely veiled against the slothful and especially the skeptic.

"Labor, and take good care
It is the ground which needs the tillage."

* * *

And yet there are those who dare treat Hahnemann as one of the illuminati and a mystic, when the eagle, freed from the hesitations and caution of the first hour, has taken its flight far above the chemical and micrographic earth; and they would minimize his genius below the size of Hippocrates, this polypus without any supreme direction, and trample the serene cheerfulness of the

fortunate and generous giver under the restless figure of the organismic usurper, the mystifying lion of the day! Take care, men of talent, no matter how great your distinction; you will not succeed in effecting such a change even in the minds of our adversaries, who know well that outside of the virus there is no power, and who in comparing you with the giant will disobligingly recognize the inferiority of your size.

Your appeal will not be understood for the very simple reason that you are no reformers, and that they do not see in what they should change, nor for what reason. You copy after allopathy in so servile a fashion that you are unworthy of the title of son and disciple of the Master. I use the term Master in its absolute sense, for Hahnemann has been a Master to me in the full acceptance of the word, the only genius who has completely harmonized practical medicine (and how practical!) with the other sciences. What a distance between it and the shapeless practices in the results of Pasteur, of which perhaps not a vestige will remain. Note well, that I speak as a practical physician. Glory to Lux, glory to Weber, glory to Dufresne, those true sons of the modern Esculapius!

Have you not with your hand demolished the microbe-cause through *polymorphism*, *polyphenomenism*, and *mycrozymas*? Have you not seen the *marrow of the rabbit without any microbes* (serum without any seed-grains) and *choleric microbes without any serum* (seeds without any vegetables). Emmerich unable to do with the root what Pasteur did without the root? What a confusion.

Have you not proved that *it is the living cell of the microbe which causes immunity, the benign nature*? And that the microbe has no power except in the retort, in the laboratory, in artificial surroundings (*in vitro*)? And the ill effects of the Italian diphtheritic serum, the deaths from tetanus, the paralysis after surgical operations, the cardiac agonies of Hericourt? And the solemn condemnation of all serums, with streptococcic at their head as pronounced by the plenary assembly of the medical societies of Paris, and the mercenary nature of the herdsmen of Lille as laid bare by the medico-pharmaceutical league, in spite of the nepotism of the government? And the condemnation of physiological or specific serum-therapy, pronounced by Prof. Landouzy, addressing himself above all to the tuberculous serum, that isopathic jewel?

"*The serums will pass away but the virus will remain!*" is the

motto which I oppose to the motto of the eclectic teacher: "*The virus vaccinates but does not cure, the serums alone cure.*" Can we vaccinate without healing? Such was not the opinion of Jenner. Should it be yours? Take care! It has been said that Pasteur was the most formidable microbe, the devourer-in-chief of allopathic might. I believe him insufficient even for such a purpose. Under this heading eclecticism is also a microbe devouring homœopathic power, but with whom? With those whose faith is not well founded on experimental principles and who prefer rationalism. Ah! I know that they show us experiments of the laboratory, but to these we do not wish to have any but a secondary title. Our chief investigations should be made on healthy persons. When *Sepia* 4 produces with me spots on the forehead with a formicating itching, arising without ceasing under the finger that scratches them; sudden palpitations of the heart in the midst of nocturnal sleep, so as to wake me up with a start; when the venom of the hooded snake (*Naja tripudians*) in the thirtieth dilution has given me a raking, terrifying sensation in the marrow of the thigh (a symptom which no author has noted and which I could not foresee by suggestion), I shall not disdain to note the experiments of d'Imbert-Gourbeyre, who through *Arsenicum* 4 (a mineral dose) gave to one of his pupils so severe a neuralgia that he had to stop in the street and enter a drug shop to be treated. And what of the *Vaccinum* 4 of Attomyr, and the multiplication of vaccinations, one taken from the other, by allopaths? And *Thuja* 1000 which has produced the most beautiful symptoms, most violent and most peculiar, lasting even for two years?

And why was Chargé induced to rise in *Chamomilla* from the 18 to the 30, and even to the 200 dilution, finally resting with this latter potency? And why was *Tuberculinum* successively raised from the 30, which was recognized as too strong, to the 200 (Burnett), and the 1000 (by Mersch)? What shall we say of the 100,000 potency of Fincke, acting by a single dose? But as to myself, I shall abstain from mounting to such heights which are not familiar, my flight not having hitherto passed the 200 potency.

But I shall not be able to endorse by Hahnemann the exaggerations and eccentricities of those, who, like Jenichen, have displaced the question attributing to succussions the roll and the power which only belongs to dilutions. There is no doubt that succussion has a part to play in dynamization, for the medicinal element in proportion as it becomes divided and rarefied becomes

of such a lightness that it mixes with greater difficulty with the vehicle; it is as with the cork and mercury. It needs a stronger stroke to effect the mixture, thence the catapult of Mure. But as d'Imbert-Gourbeyer says, we never have more than one hundred drops to work upon; thence may appear the uselessness of such herculean efforts. The medicinal molecules may be shaken ever so much, the succussion will not increase their number, and if it communicates to them a force analogous to that engendered by the friction of a stick of brown amber, or the percussion of a piece of rosin on the fur of a cat, this force is only momentary and can not be stored up in the pellets. Quite different is it in the dilution, so well shown in the inoculations of Pasteur. The *radiating matter* of Crookes and the *cathodic rays* of Roentgen were already stakes marking off the first stages, following or running parallel with spectral analysis on the distant route of our infinitesimal doses. *Inoculations* seem even to go further, for here we employ living vehicles, and such vehicles are the most sensitive reagents. Radiant matter enjoys a parallelism among the molecules, abolishing the shock of gaseous expansion and giving a rectilineal course, which causes through the fulness of its effects a colossal increase of force.

But these are only, as it were, infantile apperceptions of the domain of the *inert world*, having nevertheless the merit that they enable us to comprehend the usefulness and the power of the rarefaction of matter. Who will explain the mode and the reason why of *acid reaction* and of *alkaline reaction*? *A fortiori* that of *living reaction*. Pasteur has been dragged in spite of himself into this orbit, but he lacked the basis, he has been carried into another country. Being unwilling to bow before the law of similars, he has been struck in advance by the same decay as his sterile admirers. The breath of a perfect vitality is lacking in him and his organicism fetters him.

Pure experimentation on healthy man causing us to give up our footing on every other ground can alone lead us to build the monument of Horace "*Perennius ære*."

COMING AROUND.

To the Editor of the HOMŒOPATHIC RECORDER.

It is firmly believed that *Ambrosia* (rag weed) will produce "hay fever." Some years since my wife could find no permanent relief from "hay fever," except staying at Bethlehem, N. H. During the seasons she spent there a stalk of the weed was found; with much display it was "burned at the stake." Rev. Henry Ward Beecher was minister of ceremonies. To-day I have seen an article in an old school journal recommending a combination of this and *Solidago* odors. Gray does not mention any odors but the *Solidago* is the common golden rod, but that has never been supposed to be a cause of hay fever. It said sixty-seven per cent. were relieved. Probably the *Ambrosia* alone would have done as well. It seems they are coming around, and if we don't look out it may be something like the story of the man who asked another if he had seen his dog and a fox and how they were running. He said yes, and the dog was some ways ahead.

A. M. CUSHING.

Springfield, Mass.

A GOOD BOOK.

I first learned to pronounce those beautiful words, *Aconite*, *Chamomilla*, *Belladonna* and *Pulsatilla* in 1845, and bought the medicines of Wm. Radde. I have used them nearly every day since that date.

I have examined many works on *Materia Medica* which have, of course, been very useful, but very few have equalled in interest and profit "*The Leaders in Homœopathic Therapeutics*," by E. B. Nash, M. D. For a small work it is a marvelous production. It is written in a charming, colloquial style, and a true disciple of Hahnemann can read it over and over with new interest and pleasure. The Doctor's wonderful memory leads one to think he must be a fine chess player. The low dilutionists may consult "*The Leaders*" to their edification.

G. S. STEVENS, A. M., M. D.

Providence, R. I.

AN INVOLUNTARY PROVING OF ANTIMONY.*

By Frederick B. Percy, M. D., Brookline, Mass.

It has always been a mooted question whether a voluntary or an involuntary proving of a drug was productive of more valuable information. Whichever horn of the dilemma you accept, you must admit that the following proving is both interesting and instructive. It certainly subscribes to four fundamental rules for a proving, namely, that the drug shall be pure and in varying conditions. Second, that the prover shall be in ordinarily good health. Third, that there shall be as few changes as possible in the mode of life. Fourth, that there shall be intelligent observation and interpretation of the effects.

One unique feature of the proving lies in the fact that all the pathogenetic effects were elicited through skin absorption of the drug. It may not be amiss to recite to you the reasons for this proving coming into my possession.

Some years ago a well-known chemist came under my care for temporary indisposition. His recovery was rapid and uneventful, but a pleasant friendship resulted. Many years after we met again, and then it was that he told me of a recent illness from which he was only then recovering. At my instigation he committed the facts to writing, and I submit to you his letter:

"DEAR DR. PERCY:

"The following is an account of the case of *Antimony* poisoning as nearly as a layman can describe it. I was engaged in the manufacture of the double lactate of antimony and soda for dyers' use. This is made by dissolving powdered regulus or metallic antimony in a mixture of lactic and *Nitric acid*. The *Nitric acid* is simply to convert the metal into an oxide soluble in lactic acid. When the *Nitric acid* is used up, one-half the remaining lactic acid is neutralized with soda.

"The double lactate of antimony and soda is a hygroscopic non-crystallizable salt, which is absorbed through the skin with great readiness. Shortly after beginning the manufacture of this, I noticed a decided lowering of the general health and great sensitiveness to cold. I was only comfortable in a room at 80° to 85°,

*From *Proceedings of the Massachusetts Homœopathic Medical Society*, October, 1901.

and was obliged to give up cold baths, to which I was regularly accustomed up to this time. There was also great digestive disturbance, much gas in the intestines, watery and mucous discharges from the intestines but no pain, a nasty coated tongue, torpid liver, and yellow skin. The whites of the eyes showed yellow as well. The heart, which had always been quick but strong, became most erratic, jumping from fifty-six to a hundred and fifty beats per minute, and weak to strong and vice versa. The mental disturbance was more pronounced than the physical. An extreme listlessness was accompanied with the most extreme melancholia. The thing which finally led me to the cause of the trouble was the breaking out of watery pustules on the wrists and arms, principally an intense itching of the inflamed parts. The pustules resembling ivy poisoning.

“ A physician prescribed soda and a tonic without relief. Then iodide of potassium solution, one to one, five drops three times a day, were administered with immediate relief. The iodine showed in the urine and saliva. For the liver *Ergot*, and for the heart *Strychnine* and *Nitro-glycerine* were given. After five months I am nearly in a normal condition, but have never been able to resume the cold baths and am more or less dependent on the *Nitro-glycerine*. Hoping this complete, I am,

“ Sincerely yours,

“.....”

That we may better appreciate the remarkable confirmation of the generally accepted symptoms of *Antimonium crudum*, I beg that you will follow me as I give you these symptoms in parallel columns.

PROVING.

Decided lowering of the general health.

Great sensitiveness to cold in the prover. Only comfortable in a room 80° to 85°.

Obliged to give up cold baths to which I was regularly accustomed. Nasty, coated tongue.

Great digestive disturbances. Much gas in intestines.

HOMŒOPATHIC INDICATIONS.

Depressed vitality of the mucous membranes with mal-assimilation.

Cold baths aggravate or cause trouble. Child always worse from cold bath.

Disagreeable feeling of internal chilliness, so he cannot get warm. Tongue thickly coated, white, very white, white as milk.

Chronic loss of appetite, eructations, tasting of ingesta.

Watery and mucous discharges from the intestines.	Stools partly solid and partly fluid, alternate constipation and diarrhœa, constant discharge of yellowish slime from anus.
Heart, which had always been quick and strong, became most erratic, jumping from 56 to 150 per minute, from quick to strong and vice versa.	Violent palpitation of the heart. Pulse, sometimes a few quick beats, then three or four slow ones.
Mental symptoms. Most extreme melancholia.	Great sadness and woeful moods. Child cannot bear to be touched or looked at.
Watery pustules on the wrists and arms; pustules resembling ivy poisoning. Intense itching of the inflamed parts.	Pimples, pustules, furuncular elevations, with pricking itching of the skin.

Could stronger proof of the law of similars be offered than these parallel columns give? "Few drugs have made as much noise in the medical world as *Antimony*. It was known in the remotest antiquity. Hippocrates, Galenus, Plinius and Dioscorides mention it. From the arcana of Paracelsus it was afterwards transferred into common use as an almost universal panacea, and during the fifteenth and sixteenth centuries became the object of such violent disputes among doctors that Parliament was obliged to interfere and to interdict the use of this drug. This interdiction remained in force from the year 1566 until the 16th of April, 1666, when it was revoked at the instance of the medical faculty of Paris, one hundred and two members of which at last united to give their assent to the use of *Antimonial* preparations."

The modern school of medicine has abandoned the use of crude *Antimony* almost entirely, but our study of the drug has always led us to place almost implicit confidence in its usefulness for chronic catarrhal conditions which are attended with a depressed vitality of the mucous membranes and an unhealthy condition of the skin. Its strongest analogies are *Bryonia* and *Pulsatilla*, but it has a sphere of usefulness of its own of which, though not wide reaching, is none the less important. We can, therefore, I think, claim for this drug that any part it may have played in medicine in the past centuries or will play in time to come can be interpreted only in accordance with the law of medicine to which we subscribe.

Discussion.

Dr. Frederick P. Batchelder: I have very little to add regarding this very clear and scientific narrative which we have all listened to with so much pleasure, but there are two or three things which have come to my mind. I for one have had some doubt about some drugs in our *Materia Medica*. One of the best ways of acquiring faith in anything is by careful investigation of the thing in question for one's self. This involuntary prover has now probably no doubt in his own mind as to the toxic effect of *Antimonium crudum*. I am more and more persuaded that some of my doubts occur because I know so little about the symptom-producing or disease-producing power of drugs, and moreover I lack something that many of my older colleagues had in their student days,—that helpful influence exerted by their superior, the one they used to turn to in time of doubt,—their preceptor. Some of the most lasting impressions I have of drugs have come to me here and there by some older physician giving me his experience at a very critical time, and I for one will leave here to-day having stronger confidence in *Antimonium crudum*. I certainly thank Dr. Percy very much for giving us this very short, telling and faith-producing narrative.

AN URTICA URENS CASE.

August 27, 1899. The same boy came to me to-day and asked me to go to see a friend of his, R. T., Co. F., 1st Colorado Volunteers, who was so ill when he landed that his parents were telegraphed for, to come at once before he died. They came, and signing some release, I believe, took him out of the Presidio Hospital and hired a flat within three blocks of the Presidio gates. He had been ill with "swamp fever" for six months. His color was like dark saffron. His spleen and liver fought for the median line about the umbilicus. He could not move unaided, he was so weak. Nothing but skin and bone. Temperature, $104\frac{1}{2}^{\circ}$ F. Vomiting, burning in stomach and abdomen. Burning mucoid passages. Great burning agony in intestines. Agony caused sweat to pour off. R. *Arsenicum alb.* 3x. Next day, August

28th, 7 A. M., no better. Pain in liver and spleen more pronounced; agonizing. Vomit almost black and ropy. R. *Chelidonium* 1x ʒi in half glass of water, alternated with *Urtica urens* 5m. in tablespoonful of warm water. Sig.—Alternately every half hour.

August 28th, 7 P. M. Second call to day; much better.

August 29th. Better. Continued the *Urtica* alone (the late Dr. J. Compton Burnett, that prince of pathologists, claimed that *Urtica urens* was the greatest splenic). This cured the case, and the boy's father asked me for the name of the medicine that had worked such a change. This I gave him, and he was ordered to give it on and off for a month or two. His son was taken away fairly well in two and a half weeks. Allopathy has nothing like this, and it is a very serious thing that our science is refused the soldier boys, who are more than any other body of men subject to violent forms of disease from enforced exposure to climatic influences. Let the A Σ men band together in the demand for recognition in army and navy. I hope you will keep "telling" statistics before us from time to time. Fraternally yours in A Σ, Petrie Hoyle, M. D., in *Alpha Sigma*.

PICRONITRI ACIDUM IN HEADACHE.

By Dr. G. Sieffert, Paris.

Translated.

I would especially mention two cases from my practice:

I. The first case concerned a little girl of seven years whom I at first suspected of being tuberculous. She had just begun going to school, when almost immediately there resulted a considerable emaciation with a diminution of the appetite.

As soon as the child attempted to learn the letters it was seized with headache, attended with an extreme dilatation of the pupils. These symptoms recurred at every renewed attempt. I was accordingly consulted.

After repeated examinations I excluded the suspicion of tuberculosis and prescribed *Picronitri acidum* 12 C., two drops in the morning and evening. I also advised the parents not to expose the child any longer to any mental strain, but to send it to a

kindergarten where it would be occupied with playing rather than instruction.

In a week her appetite had returned and has not since disappeared; the child had also gradually regained its strength. I continued the medicine for a month, making every week a pause of two days. There is no more trace of dilatation of the pupils or of headache. The child now learned to read almost like playing, and she now regularly attends the public school, learns like other children of her age, and there is no more complaint of headache.

II. The second case was a young man of sixteen. He had the regular student's headache; besides the usual symptoms of neurasthenia there is vertigo whenever he remains standing for a time, a feeling of heaviness in the head, epistaxis, dilated pupils, congestion of the conjunctiva, inability to bear artificial light, diminution of the appetite, bitter taste in the mouth, tendency to vomit, sometimes also some degree of jaundice. I prescribed also in his case *Picronitri acidum* 12 and rest. But as he did not wish to lose any time, and the cure did not proceed as rapidly as he expected, he left after two weeks and consulted an allopathic physician who was unknown to me.

I do not know what this colleague prescribed for him, but in three months the patient returned to my office. He had been compelled to cease his studies altogether. This was last June. I returned to *Picronitri acidum*, and begged the young man to be more patient.

This time the cure proceeded more rapidly, and since the beginning of the last term the patient, who has resumed his studies, has not again been troubled with headache. The daily dose was *Picronitri acidum* 12, two drops in the morning and two in the evening.

ABROTANUM IN PERITONITIS TUBERCULOSA.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, Aug. 1902.

From the proceedings of the seventieth annual meeting of the Homœopathic Central Union of Germany held in Cologne, August 9th and 10th, 1902, we excerpt the following interesting

cases of peritonitis. They are taken from a paper by Dr. Stiegele, of Stuttgart, read before the meeting:

I. A little girl, five years old, very anæmic and emaciated, her abdomen strongly distended from ascites, frequent pulse and slight diuresis, had been treated for a considerable length of time by an allopathic physician. Among other remedies also rubbing with soft-soap had been tried, but without any effect. The ascites increased steadily.

Of homœopathic remedies *Kali hydrojod.* 3 had been prescribed, but was attended with as little effect. He now gave *Abrotanum*, prepared according to Deventer's directions with ether, in the first dilution. In ten days a manifest improvement set in with respect to the general health. The distention of the abdomen gradually diminished, while the diuresis increased, her nutrition made good progress, and the girl might be considered as cured.

II. A boy in much the same condition as Case I, and in whom the puncture of the abdomen had been twice tried, while his ailment had reached its highest point, was also restored by the use of the mother-tincture of *Abrotanum*, after the dilution had proved of little effect. The boy received three drops of the tincture four times a day.

The cases treated were manifestly chronic peritonitis with serous exudation. In both cases there was very probably a tubercular complication.

Dr. Dammholz (Berlin) remarked that Deventer's indications for *Abrotanum* pointed especially to atrophy of children, ascites, freezing and arthritis in the bones of the foot. The especial characteristic symptom is: a sensation as if the stomach were swimming in water. (Clarke in his "Dictionary of Practical Materia Medica" gives the following symptoms: Great distention of the abdomen, a sensation in the bowels as if sinking down, hard masses in various places on the abdomen. Nothing is found there as to any direct action on the kidneys. Its curative effects in these cases must therefore be sought for in its action on the fundamental disease.—Dr. Mossa.)

Dr. Kirn (Pforzheim) made the interesting statement, that an angioma in his face which had been of long standing had finally been reduced and had almost altogether shriveled up on the use of Deventer's *Abrotanum*.

ANSWERS TO QUESTIONS CONCERNING HOMŒOPATHY.

In conclusion, I wish to speak of one other need of Homœopathy. I refer to the dissemination of its principles among the laity. There is certainly no good reason why people should not prefer the agreeable treatment of Homœopathy to the disagreeable one of allopathy if they were confident that cure would be just as certain under one as the other. If we cure as large a per cent. of our patients as the old school, then Homœopathy is the better of the two, because the cure is brought about without any danger of poisonous doses of drugs and their after effects. I believe the great majority of the people would employ Homœopathy if they were fully acquainted with the facts concerning it. In order to bring about this condition of affairs we need to educate the laity in the principles of Homœopathy. We need not practice anything unethical in doing this. It should not be done in the spirit of an advertisement, but simply to correct false impressions and prejudice toward Homœopathy. Our patients at least should know enough of our principles to defend our school when attacked. This can be done by the judicious use of our numerous tracts and pamphlets upon Homœopathy. One of the best that appeals to the average layman is "Questions and Answers Concerning Homœopathy," by Dr. J. T. Biddle, Allegheny City, Pa. This is a useful pamphlet, because it presents the facts in a way that can be easily understood by any one of average intelligence. The foregoing are some of the needs of Homœopathy as I see them. Ladies and gentlemen of the Miami Valley Society, what do you think Homœopathy needs?—*Dr. J. M. Blackburn, Dayton, O.*

A PROVING OF SALIX NIGRA.

I send you this interesting account of the action of *Salix nigra*:
Mr. G. W., æt. 45 years, temperament lymphatic, habits sedentary. Consulted me June 25th at 8:30 P. M., saying he had been taking *Salix nigra* as follows:

June 24,	6	P. M.,	25 drops.
"	24,	10	P. M., 25 "
"	25,	8:30	A. M., 25 "
"	25,	1	P. M., 25 "
"	25,	6	P. M., 25 "

At about 10 A. M. on the 25th, the day he consulted me, he began to feel a soreness in his muscles, they "hurt" him, his bones felt "sore." There was a "sore" pain across the sacral and lumbar regions, which also ran up his spine to neck and occiput, then forward into forehead and eyes. The eyeballs were "sore" to touch and on motion. The neck "hurt" worse when the head was thrown back. He walked stooped, "hurt" in the lumbar and sacral regions to straighten up. Wrists felt "sore" on moving them, they "hurt." There was inability to move knees—to step out—as quickly as usual. There was no pain or soreness in the knee joints, the trouble seemed to be a lack of power to step out or move the knees as quickly as was natural for him. The roots of the hair on his head, wrists and mustache "hurt" when the hair and skin were touched. The flesh over the whole body felt "sore," the lacings of his shoes "hurt" when they pressed upon his foot. At noon felt cold; had a chill, hands looked blue, could not get warm in hot sunshine, had to put on heavy underwear. Later fever came, face felt flushed, and had pressure outward in forehead and sensation of "fulness" in stomach. About 3:30 P. M. sweat came. He then felt easier, the right nostril became obstructed, felt as if swollen inside. No discharge from nose. At 8:30 P. M. when he consulted me his face looked red and swollen, especially end of nose, eyes blood-shot, looked as if suffering from hay fever or grippe; felt "sore" and "lame" all over his body, being worse in the lumbar and sacral regions. This lameness and soreness was worse on motion, felt as if he had been stiffened by a bad cold; felt sleepy all the time; slept unusually sound the night before, and at intervals during the day. Was so "sore" and "lame" he did not want to move. It "hurt" him.

After making a note of the symptoms I prescribed *Sac. lac.* with directions to report later. On the fifth day after taking the first dose of *Salix nigra*, these symptom remained: Fulness in frontal region and in stomach—the "pressure outward" in the forehead had now subsided—a sense of fulness and inability to move knees as quickly as formally. All the other symptoms had disappeared.

The following conditions which existed before taking the *Salix nigra* were relieved. Is an habitually late sleeper, and feels dull and heavy on waking. Now wakes at 6 A. M. and gets up refreshed, bright and active. If he lay in bed later or until his usual hour for rising, 8 A. M., got a stiff neck, which remains through the greater part of the day. This stiffness of the neck did not come if he got up when he awoke at 6 A. M. As the result of years of sexual excess his sexual organs had for some time felt "cold" and "lifeless," which kept his thoughts constantly on these parts. While taking the *Salix nigra* and after, the sexual organs felt "passive" and comfortable. A sensation of stricture of the urethra at junction of penis and scrotum, which he had felt for some time, was also relieved.—*S. Geo. Hermance, M. D., '83, from the Chironian.*

A CALCAREA CARB. CASE.

A little lad of two years, a first baby, had been raised upon the bottle because a fool doctor and a bigger fool nurse permitted and rather encouraged it. A little patience and firmness, and a trial of some of the popular remedies and local applications, might have overcome what to me, at this late date, seems to have been a temporary difficulty with the breasts. The mother to-day is healthy and strong, and her history of the child-birth, while it contains some doubtful points, still does not point to the heroic remedy which was invoked. The lad was put at once upon sterilized milk; he was bathed in sterilized water and swathed in sterilized napkins. It was a strictly up-to-date baby, longed and prayed for, and born into a home a little better than the average middle class, where the books on the shelves were not purchased by the yard or for their gaudy bindings, and the pictures on the walls were good and honest paintings and not hung with icy and perfunctory regularity. So all the aids of sterilized science and scientific sterilization were invoked. There was some doctor in this household from the first moment the little lad had first tried to see the light of our day through Cleveland's smoke and grime and dust. My last two predecessors were eminent men, one whereof, after looking the case over, advised doing nothing, because the child would in time outgrow it; the other did the scare act, wanted immediate counsel and immediate operation.

We found a typical *Calcarea carb.* patient, as to heredity, with a thick, swollen neck, so stiff that he could not move it. It was continuous with the chin. He was wearing a night cap against catching cold because his head and hair sweat so much. His neck was done up in cloths with greases of various kinds. He had no appetite; indeed he was not given anything but "diet"—a properly and scientifically sterilized diet and drinks—which had made him so weak that he could barely get about. His speech was limited. His sleep was fitful—awake every hour. I was evidently called to diagnose the case rather than to furnish treatment, since Homœopathy could do nothing in a case so grave as this, and where so many eminent men of the other school had already tried almost all that was to be found in modern scientific medicine. The last doctor, the mother said, had called the neck trouble something like lymphatenoma—a very dangerous condition—which required cutting down on the glands of the neck and even perhaps the lymphatics of the arm pit; a thorough emptying and scraping and washing and packing with iodoform gauze and the like. But without the knife, and soon, there was no hope; and even with the knife he would promise nothing certain. I called the case the unscientific name of scrofula. This reminded the mother that somewhere in the family there had been a good deal of that nasty disease, and a death in the recent past. Perhaps, therefore, I was right; would I, too, require an operation? These people were utter strangers to me and I to them, hence they could not know what so many homœopaths know (?) that a man who makes a specialty of homœopathic *Materia Medica* and is accused of using the high potency occasionally cannot know anything of a knife or a speculum, else they would not have asked this question. Anyway I was put in charge of the case.

I removed the night cap, washed the neck in ordinary tea-kettle boiled warm water and Ivory soap; and put him on *Calcarea carb.* in the 30th trituration, a small powder every hour. I suggested the addition of a few tasty things to his meals, gave him Mellin's Food for a drink, and recommended a cold compress for the neck. Next day there were distinct traces of a lessening of the swelling, and here and there suspicious looking places like pus formations; however, I kept on with the *Calcarea carb.* until the swelling had entirely disappeared, which was in a week's time. The appetite, which had done well, suddenly failed, and the lad became sick at the stomach, and what little food he took

was bribed. He seemed suddenly filled with mucus. Instead of changing the remedy, as I was several times tempted to do, I lessened the dose and changed the potency. Then the stomach got better, but the bowels came in evidence. After studying these for several days I became satisfied that the fullness which had been in the child's head and neck had found its way downward and was now trying to get outward, and needed no additional medicine. For that which passed his bowels looked more like the entrails of a bird or chicken or brain substance than like human fæces. It was in large mass flecked here and there with green, and red and yellow, and lacked the odor of ordinary excrement. I ventured to prophesy that this would be the end of the boy's illness; that when this nasty mess had been passed out of his body, he would pick up and become strong. Before I dismissed myself from the case, which was some three weeks afterwards, the bowels had assumed their normal condition, the stomach lacked the nausea, and he was hungry. I then put him upon *Ferro-somatose*, and later on *Calcareæ phos.*, continued the Mellin's Food and then left him alone.

The parents have taken a cottage near our lake front, where I recommended that they let the boy run loose and wild in order to get roughened up a bit, and so live down his former life of a wooden hen—in the sterilized incubator. His mother brought him to me a few days ago and I hardly knew him, so round and fat and bright had he grown. The report was most excellent.—*Dr. Frank Kraft in Trans. Hom. Med. Society of O.*

ECHINACEA IN SEPTIC POISONING.

Mr. J. H. M., poisoned a year ago while working in a tannery, from the liquor employed for tanning purposes. Suffered two months with a rash on the body. March 7th, '02, while at work in a tannery, received a medium sized wound on each hand from a rusty iron blade. Incision carefully cleansed and united by silk sutures. Union by first intention with no swelling. A solution of *Echinacea* was frequently applied in order to keep the dressings moist and thus facilitate healing. The third day after the injury, a rash, similar to the one a year ago, appeared all over the body. The peculiarity of this case is that both times his wife's hands and

arms were also covered with a similar rash. When the rash appeared, *Echinacea* in fifteen drop doses was given every hour; later, every two hours. The itching was soon ameliorated. In five days the patient was walking about and feeling quite comfortable. Similar treatment was prescribed for his wife, and her second attack was also of shorter duration. I did not treat either patient during their first attack of poisoning.

Echinacea is especially indicated in septic poisoning due to retained secundines. Some time ago I was called in consultation, the woman, this being her second confinement, having high fever, rapid pulse, and a dark, offensive lochia. *Echinacea* internally every two hours, with a chlorate of potassium douche twice daily. Out of bed on the twelfth day. After the birth of first child was in bed ten weeks.

I have used *Echinacea* successfully in several cases of diphtheria, and now could not treat a case of diphtheria conscientiously without it.—*E. N. Ritter, M. D., in Medical Summary for August.*

A SIMPLE REMEDY.—A year or more ago I was consulted by a lady about 45 years of age, for severe attacks of biliary colic. She had been having these attacks for several years previous to my first visit, the attacks occurring every two or three weeks; that is, the severe pains, vomiting, etc., which usually accompany the passage of a gall-stone. In the intervals she was subject to uneasiness in the region of the gall-bladder; a spasmodic condition, which necessitated the taking of morphine, or opium in suppository almost daily. Previous to my seeing her she had taken four pounds of *Phosphate of sodium* without benefit, the attacks growing worse.

I stopped the *Sodium phosphate* and put her on olive oil. She took the oil for several months. I was called again last fall; found her having a severe attack; gave morphine hypodermically, three times at proper intervals before she was relieved. I then gave her tincture *Chelidonium majus* gtt. v. three times a day after meals. It is now six months since she had an attack; neither has she had a symptom of hepatic or stomach trouble; has a good appetite, and does not use opium in any form.

The *Chelidonium* I gathered in my back yard and made the

tincture myself. This plant has grown for years in my yard under the fences, and has been considered a useless weed.

One physician whom she consulted advised an operation. This woman was a chronic invalid, and I was afraid would become a chronic opium habitue. For six months she has been free from pain, and is in better health than for several years before taking the *Chelidonium*.—*W. H. Russell, M. E., Ipswich, Mass., in Eclectic Medical Gleaner.*

A CASE OF SOMNOLENCE.

By Dr. Berlin of Guben.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z.f. Hom.*, July, 1902.

On the 19th of August, 1901, Mrs. N., from G., brought her daughter Emma to my office on account of somnolence, which dated from a few weeks before Whitsuntide (May 26). At that time the girl complained much about headache and showed a continual dislike to work, while before she had been very industrious. The teacher punished her repeatedly for falling asleep in school, but he finally recognized that there must be some diseased state. She was his best scholar and occupied the first place. One afternoon she went out with a neighbor to her field to weed out a bed of vegetables, but she kept falling asleep; when waked up she would either give no answer or a confused one. The neighbor came to the mother in the evening and told her that her daughter was not right in her head. Next day, just after Whitsuntide, they took the girl to Forst to the doctor, but his repeated prescriptions proved ineffective as she seemed to be even more somnolent afterwards. Beginning with June, she slept almost day and night, but would wake up every few hours and then ask for something to eat. She would always want something to eat and to drink when she woke up, even if she had eaten only half an hour before. She often said that they should quickly bring her something to eat else she would starve, as she had not eaten anything all day. The intestinal activity and her micturition were quite normal, and she would always wake up to attend to these functions. Her mental activity was very much reduced. "She has no more reason left, or very little," her mother said. She

could only answer correctly a few questions, and only after much reflection; mostly she would not answer at all, or give perverted answers. Her memory seemed quite extinguished, as she could not tell what she had done ten minutes before. So she also once asked for something to eat twice in succession, and denied that she had just eaten. In the matter of eating she was remarkably prompt in her answers. After her recovery, her mother told me, that even when her daughter was getting better she could not remember anything with reference to that time; she did not, *e. g.*, know that her mother had taken her to the doctors in Forst and in Guben. An examination of the patient developed nothing except her mental inanity. The expression of her face showed weariness and some stupidity. Her bodily development was normal, corresponding to her age.

I gave the patient *Opium* D. 4, to be taken four times a day in five drop doses. On the third of September I had a report, showing improvement. The sleep not being so continuous and her waking periods being longer. I prescribed *Opium* 6 D., four times a day, five drops. On the 3d of October I heard that the girl had returned to her right senses and her abnormal sleep had almost ceased. Prescription: *Opium* 6 D., five drops twice a day. Then I heard no more from my patient until now, when her mother consulted me about another matter. She reported that after the last prescription everything soon was in normal order, so that she needed nothing more. When the potatoes were dug, her daughter helped as industriously as formerly. She showed no bodily nor mental ill effects from her former ailment. Thus the girl had been cured of her ailment in a short time by the use of *Opium*, after having suffered from about the middle of May to the middle of August. Even within two weeks after beginning her treatment, a striking improvement was manifest.

I had chosen *Opium* on account of the *decrease of her intellectual abilities and her weakness in thought and memory, as well as on account of her somnolence.* Her voracity, however, was not a symptom of *Opium*.

Dr. Sauer reports a similar case in the *Allgemeine homöopathische Zeitung*, Vol. 134, p. 129, where such somnolence repeatedly appeared after fright or vexation and lasted about four days. These attacks were introduced by convulsive symptoms lasting about twelve hours: spasms of weeping and laughing as also spasms in the chest and chin. That patient, a girl about

fourteen years of age, would then sleep without interruption for four or five days; then she would wake up for a few minutes, falling asleep again immediately. After that she would wake up frequently and remain awake for a longer period. In a week she would be restored to her usual health. *Opium* was the remedy used also in this case, and it caused a total cessation of these attacks.

A Systematic, Alphabetic Repertory of Homœopathic Remedies. Philadelphia. Boericke & Tafel. 1900. Pp. 269. Price, \$3.00; by mail, \$3.13.

The first edition of this work was published in Munster in 1832, the second, of which this is a translation, was issued in 1833. Dr. Boger has rendered the Homœopathic School a real service in translating the work into English, and his reason for so doing is that it offers the best guide for the selection of the most suitable remedy in chronic diseases. He reminds us that, though the work is an old one, the maxims of Homœopathy do not blossom and fade as do those of Allopathy, but stand on the firm rock of demonstrable facts, needing no far stretched theoretical explanation for every prescription. The work is a most desirable one in every way.—*Medical Century*.

BOOK NOTICES.

Diseases of the Rectum and Anus. Designed for Students and Practitioners of Medicine. By Samuel Goodwin Gant, M. D., LL. D., Professor of Rectal and Anal Surgery at the New York Post-Graduate Medical School and Hospital; Formerly Professor of Gastro-Intestinal Surgery at the University and Women's Medical Colleges, Kansas City, Mo.; Attending Surgeon for Rectal and Anal Diseases to the New York Post-Graduate Hospital, St. Mark's Hospital, Hebrew Sheltering Guardian Orphan Asylum, and New York Infant Asylum; Member of the American Proctologic Society, American Medical Association, Mississippi Valley Medical Association, and New York Post-Graduate Hospital Alumni Association, New York Academy of Medicine, County and Greater New York Medical Societies, and Honorary Member of the Missouri, Kansas, and Nebraska State Medical Associations, Kansas City Academy of

Medicine, etc. Second Edition. Rewritten and Enlarged with Thirty-seven Full-Page Plates, Twenty of Which Are in Colors, and Two Hundred and Twelve Smaller Engravings and Half-tones. Pages, xxiv-687. Royal Octavo. Extra Cloth, \$5.00, net; Sheep or Half-Russia, \$6.00, net. Delivered. Philadelphia, Pa.: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This is about as exhaustive a book on diseases of the rectum and anus as it would be possible for any one to write. The thirty-seven full-page plates, mostly in colors, are very fine and the two hundred and twelve in half-tone fully bear their share towards making the book a success. The type is large and easy on the eye.

Massachusetts Proceedings of the Homœopathic Medical Society. 1901. Volume XV.

A neat volume of 296 pages containing much valuable matter.

Messrs. Boericke & Tafel will soon publish a work by Dr. Perry Dickie on Uric Acid.

They also have in press a work by Dr. A. W. Woodward, *Constitutional Therapeutics*.

Also a work on Diseases of the Kidneys, etc., by Dr. Clifford Mitchell.

Also a third edition of Mitchell's *Urinary Analysis*.

Also a work by Dr. E. R. McIntyre, entitled *Stepping Stones to Neurology*.

Ophthalmic Diseases and Therapeutics. By A. B. Norton, M. D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, etc. Third edition.

In twenty-three carefully written chapters, Dr. Norton shares with us his knowledge of the best methods of examining the eye, of the use of the ophthalmoscope, of refraction and accommodation of the eye, dioptry, hygiene of the eye, diseases and affections of the eyelids, lachrymal apparatus, orbit, ocular muscles, conjunctiva, cornea, sclera, iris, ciliary body, choroid, retina,

optic nerve, vitreous body, crystalline lens, etc., and discusses sympathetic ophthalmia, amblyopia and amaurosis, and glaucoma.

Not the least valuable portion of the book is that given to ophthalmic therapeutics and a clinical index. Under therapeutics, the application of selected remedies is indicated by guiding symptoms, subjective, objective and clinical, besides those relating chiefly to abnormalities of vision. Practical materia medica is also incorporated into each chapter bearing upon individual diseases.

We know of no book on the eye better adapted to the requirements of homœopathic practitioners. It evidences both knowledge and common sense; large experience and the broader education and the training which make a man an acceptable teacher and writer.—*New England Medical Gazette*.

Practical Medicine. By F. Mortimer Lawrence, M. D.

One of the most useful books that we have in our library is a Compend of the Practice of Medicine, by Daniel E. Hughes, M. D., and this new work on Practical Medicine is one that will replace entirely the work of Hughes, for two reasons; first, it is written by a homœopathic physician, and, second, it appears a dozen years later than the other work, thus being brought down to the present time.

It is a work intended for students, and the fundamental facts requisite to the successful learning of the theory of the practice of medicine have been well set forth. It is a work that will fulfill its mission well and be most valuable to the student. We cannot but wish that the author had worked out the section on treatment himself. It certainly would have been more practical, a trifle less condensed and far more homœopathic, had he done so. We can find very little comfort, less use and no Homœopathy in such indications as "increasing cyanosis requires *Tartar emetic* or *Apo-morphia*," or "*Menthylene blue* given in capsules, etc." We hate also to see homœopathic remedies shoved into the corner and replaced, even in diphtheria, by such an uncertain quantity as antitoxin.

The book should be used in our school, and by our students, but for allopathic treatment, for eclectic treatment and for homœopathic treatment they will have to go elsewhere.—*Medical Century*.

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EDITORIAL BREVITIES.

NEEDS ENLIGHTENING. — *The Medicus* for August devotes nearly three pages to stirring up the homœopaths. Among other things it says: "We do not know of a work on surgery by a member of this school. But surgery is a field upon which some general homœopathic practitioners have entered so boldly that we feel like quoting: 'Fools rush in where angels fear to tread.' After all, Homœopathy is getting out of place in the light of modern science. The public do not know it; but these practitioners, for the most part, practice regular medicine. They get the majority of their knowledge primarily from regular sources. We do not wish to deny that Homœopathy probably helped in a way to awaken the medical profession from some of its errors, and although now chiefly valuable as a relic, we believe that Homœopathy has hastened the coming of medical enlightenment. This it has done, however, not by a single direct contribution of any kind, but rather by exciting opposition—a sort of trituration process."

Looking over a recently published homœopathic book catalogue we find eighteen works on surgery by homœopathic authors. It is evident the "regulars" have not yet been sufficiently "trituated," for they still fail to see the heart of the whole matter, *i. e.*, *the science of therapeutics*. But, there is hope!

BRITISH HOMŒOPATHIC ASSOCIATION.—The British Homœopathic Association was founded on April 25, 1902, "for the extension and development of Homœopathy in Great Britain." President, Earl of Cawdor. "This Association has been formed for the extension and development of Homœopathy in Great

Britain. It is desired to enlist the personal co-operation of homœopaths throughout the Kingdom in this timely movement." A "Twentieth Century Fund" of ten thousand pounds is to be raised, and also one of 1,500 pounds for the endowment of a "scholarship of Homœopathy." Mr. Fredk. King, 29 Monument St., E. C., London, is secretary. We all hope that abundant success will come to the new Association.

MALARIA.—One evening last summer we met an old "regular" on his vacation and had many interesting talks with him. "I've been out of practice for several years," he said, "and am 'out of date,' I suppose. They say that the cause of malaria is the mosquito, and I am not denying that the mosquito may transmit the disease, but I hold that there are other causes. I remember when they were putting in certain works in ——— they had occasion to make some wide and deep excavations in front of our leading hotel and the result was that the hotel had to be closed on account of so many guests contracting malaria. It was winter and there were no mosquitoes about. The whole neighborhood was similarly affected."

COUNTER PRESCRIBING.—"As a rule, doctors object, and justly, too, to counter prescribing," remarked an experienced homœopathic pharmacist the other day. "Yet like all rules there are exceptions to it. For instance, one day a man came in to my place, said he had never 'tried Homœopathy,' and asked me 'what was good' for his ailment. Now had I referred him to a physician he would have laughed at me, so I gave him what I thought was the remedy, and so it proved to be, for in a week he returned in high good humor and with two other patients. One day he come in and wanted me to prescribe for a sick child, but I refused and referred him to the nearest homœopathic physician. That physician told me afterwards that he now had all three families, that of the original man and his two friends for whom I prescribed. Tact and judgment is needed behind the counter."

OFFICERS AND CHAIRMEN OF THE AMERICAN INSTITUTE OF HOMŒOPATHY FOR THE YEAR 1903.—*President*—Joseph P. Cobb, M. D., Chicago; *1st Vice-President*—H. F. Biggar, M. D., Cleveland, O.; *2d Vice-President*—M. Belle Brown, M. D., Cleveland, O.; *Secretary*—Ch. Gatchell, M. D., Chicago, Ill.; *Recording Secretary*—J. Richey Horner, M. D., Cleveland, O.; *Necrologist*—C. A. Weirick, M. D., Chicago, Ill.; *Censor*—Millie J. Chapman, M. D., Pittsburg, Pa.

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CHAIRMEN OF BUREAUX.—*Materia Medica*—Geo. Royal, M. D., Des Moines, Ia.; *Clinical Medicine and Pathology*—Jno. W. Dowling, M. D., New York; *Pædology*—Anna Spencer, M. D., Batavia, Ill.; *Homœopathics*—T. Y. Kinne, M. D., Patterson, N. J.

NO SECTS.—Said the *Denver Medical Times*: "It would seem then that the best thing to do for all concerned is for the sectarians to throw aside their senseless trade marks and identify themselves with the great body of regular, progressive practitioners, who are ever willing and ready to do their best for their patients regardless of creeds and wornout authorities." That sounds well, but when "the best" in therapeutics is presented to these men who reject "worn out authorities"—whatever they may be—they get highly indignant.

ROCK-RIBBED TRUTH.—"On more than one occasion in the editorial columns of the *Therapeutic Gazette* we have pointed out the fact that from having been accustomed to employ minute doses of strychnine, many members of the medical profession are going to the other extreme and employing doses which a few years ago would have been considered actually poisonous; and further than this, have been administering it for long periods of time as a stimulant in typhoid fever and similar states, which form of administration we believe is therapeutically erroneous."—*Sept. number.*

DOESN'T BELIEVE IN 'EM.—*Medical Gleaner* says: "It can not be honestly doubted that, upon the whole, the hypodermic syringe has proven to be a curse. It is too very convenient, and it is the fashion of *convenience* to usurp the place of *prudence*. We all of us have in us a streak of indolence and make-shiftness, and

these qualities, despite their intrinsic natures, don't sleep. It is much easier to float down stream than it is for us to swim up stream. The latter requires active effort, and the most of us, at least, fall under the control of that bastard, but lureful maxim: 'The easiest way is the best way.' The best hypodermic syringe is the dry one—the one you must soak and swear at for half an hour before you can use it."

SMALL-POX.—Small-pox prevailed in a town near Coatesville, Pa., for several weeks. The physicians thought it was chicken-pox, and so mild that nearly all the patients continued to attend to their daily duties until some one in authority said "small-pox."

THE PRACTICAL RULES.—Dr. John McLachlan (*Homœopathic Monthly Review*) relates an interesting cure of a case of sciatica with *Tellurium*. He first prescribed *Rhus tox.* for the case, but with no beneficial results. Patient was then treated for three months in an allopathic hospital and came out worse than ever, and again applied to Dr. McLachlan (dispensary case). *Arsenicum* did no good, and "we fell back, therefore, on the practical rules laid down by Hahnemann for the selection of the remedy." These rules led to *Tellurium*, which was prescribed, with "immediate and permanent improvement."

TELLURIUM IN SCIATICA.—Dr. McLachlan (*Monthly Homœopathic Review*, September) gives the following outline of cases of sciatica calling for *Tellurium*:

"Another and more recent case shows even more typically the kind of 'sciatica' likely to be benefited by *Tellurium*. In this case it was a hale and hearty woman beyond the 'three-score years and ten;' it affected the *left* side. It begins with lumbago-like pains in the lumbar region, and finally settled in the left sciatic nerve, which was very tender to touch and pressure; the pains darted through into the left iliac region. There was great aggravation on sneezing, coughing, and lying on the affected side; also on stooping, rising from a sitting posture, straining at stool, and when the bladder was full. The hip-joint seemed to give way on attempting to walk. In this case also I had tried the usual remedies, such as *Rhus*, *Coloc.*, *Ars.*, etc., with little or no benefit; but *Tell.* 6x gave prompt relief. After a few doses she could move in bed without screaming, and in the course of a few hours she was able, though with some difficulty, to get out of bed. The following day, or night rather, her urine had a horribly foul odor, so bad indeed that her husband was unable to have

it in the room. The progress had been steady and sure, and though the pain is not quite gone yet, she writes to say that she is so much better that I need not call again."

A GOOD MOVE.—It is reported that "Hering and Dunham Colleges are to unite under the name Hering-Dunham Medical College and Post-Graduate School of Homœopathics," with Dr. J. T. Kent as Dean and Dr. H. C. Allen, President of the Board of Trustees, and Waring and King, Registrars.

THE DOCTOR'S HUMAN RIGHTS.—In an editorial on "Is Medical Unity Practical?" the *Buffalo Medical Journal*, September, says: "The Commonwealth never has, and, while divinely guided, never will endorse this, that or the other theory of therapeutics; never has and never will adopt allopathy, Homœopathy or eclecticism, radiography, organotherapy, osteopathy, or Eddyism; but, on the contrary, always has and under an Allwise Providence ever will maintain the right of educated physicians to experiment in therapeutics so long as in medicine there shall be a vestige of the art of healing." The Commonwealth may give that right, but let a "regular" brother begin "experimenting" with homœopathic therapeutics and he is "lost."

MONEY IN IT.—*Practical Druggist* for September says that the Massachusetts druggists have expended \$1,685.00 to prevent the State from supplying antitoxin and vaccine lymph, and are ready to put up more. Or is it the manufacturers back of them?

A VACCINE MUDDLE.—A Brooklyn doctor, Edward R. Bedford, was held to appear before the Court of Special Sessions on the technical charge of assault, having vaccinated a child against its parents' will, but on the order of the Board of Health.

PERSONAL MENTION.

Dr. Garcia Leão, Vice Consul of Brazil, recently visited Boericke & Tafel's Columbus avenue pharmacy, at New York. He said that a homœopathic ward has been added to the hospital at Santos S. Paulo, Brazil.

Dr. W. A. Fanning has removed his office to 536 West 125th St., New York City. The Doctor's former address was 110 West 96th St.

Dr. B. G. Clark has removed from 162 West 122d St. to 25 W. 74th St., New York City. Telephone 1920, Riverside.

Dr. Henry Liddell, from 845 E. 135th St. to 219 Pulaski St., Brooklyn.

Dr. Scott Parsons, 3131 Washington Ave., St. Louis, Mo., announces after September 1st he will discontinue general practice and devote his time exclusively to general and gynecic surgery.

PERSONAL.

"The all important point is that the physician himself must know what is required."—*Dr. R. W. Corwin.*

"Treating gonorrhœa with a strong germicide is equivalent to forcibly ejecting a skunk from a drawing room."—*Dr. J. M. Blaine.*

Far better results are obtained from live plant tinctures than from fluid extracts made, as they are, from dead plants.

Bartlett's *Diagnosis* will stand head and shoulders above any other work of its kind.

That little paper on *Antimony* in this RECORDER shows that the foundations—the *Materia Medica Pura* and the *Chronic Diseases*—are perfectly sound.

Instead of fixing your eyes on "the Goal," fix them on your present work.

Fra Elbertus says that "sin" saves a mau from being a Pharisee. All right; but what is a Pharisee?

Good listening is almost a lost art, because every ardent soul longs for "expression" only.

Yes, Mary, a spoiled child is always very fresh.

They say that if all the money in the world was equally portioned to the human race each would receive about \$25.00. So don't kick.

"Some people get well who should die, and some people die without any apparent scientific reason."—*Eclectic Review.*

If you want something original, read Burnett's books.

A sea shore gag: "It is a wise child that knows its own mother in a bathing suit."

Mary wants to know if "coming events cast their shadows before do departing events cast their shadows behind?"

"Cancer," says Reyborn, "is simply erring epithelium." It errs greatly, though.

No, Mary, Roosevelt is not arraigning the trust in God.

The strike is a fool's argument, or an argument against a fool, according to your point of view, but the fool is in it dead sure.

Happy is the man with a cellar full of coal.

A suggestion: Subscribe for the HOMŒOPATHIC RECORDER *now* and you will be dated *paid* TO Jan., 1904.

THE HOMŒOPATHIC RECORDER.

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No. 11

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Twenty-eighth Annual Session.

The twenty-eighth session of the American Institute of Homœopathy was held at Put-in-Bay, Lake Erie.

The Institute met at 9 o'clock on the morning of June 15, 1875, in the Hall of the Beebe House.

In the absence of the President, William H. Holcombe, M. D., the Vice-President, L. E. Ober, M. D., of La Crosse, Wis., called the meeting to order and addressed the assembled members. He stated that he had received a letter from Dr. Holcombe telling that his impaired health had compelled his immediate return to New Orleans, and he feared that he could not return North to meet with the Institute.

Dr. Ober expressed sorrow at the absence of his superior, and asked the kind leniency of the members while he endeavored to perform the duties devolving upon him as Vice-President.

Dr. Holcombe had prepared the annual address and forwarded it to the Secretary, Robt. J. McClatchey, M. D., who read it at the request of the Chairman. The subject of the address was "The Historical Significance of Homœopathy."

Every line was replete with proof of the advanced and advancing sciences, particularly that of medicine as developed in Homœopathy. Touching upon the first meetings held in the world's history, Dr. Holcombe showed that they were held for the settlement of matters of government or of warfare. Then followed conventions in the cause of philosophy, of political debates, of the

operations of the mimic stage, and after a time of religion. But it remained for mediæval and modern ages to develop the spirit of progress in organized societies for charity and for advanced knowledge. Even in the earlier middle ages the practice of medicine was not deemed of sufficient moment to be placed among the sciences. Physicians were men apart, treated with awe that was actuated by fear rather than by respect. Now modern thought triumphs and every department of human knowledge from the most humble to the most exalted is represented in associations.

Foremost in all these organizations must be that which aims to the study of diseases and the manner and means of preventing and curing them. The greatest of these associations, in the new world at least is the American Institute of Homœopathy, the society that represents the medical faith of at least five thousand physicians and the chosen treatment of several millions of people.

The objects of the Institute are to defend, make perfect and perpetuate the principles of Homœopathy, which is the greatest reform ever accomplished in medical science, because it is a law of nature newly discovered but old as nature itself. It elaborates a new *Materia Medica* in an entirely new and reasonable manner by which the dangers of medication are reduced to the smallest degree, while it shortens the duration of diseases and aids the surgeon and the obstetrician to ameliorate necessary suffering, and promises not only to cure but in time to entirely eradicate diseases that have heretofore been considered necessarily incurable through heredity or through climatic conditions.

Dr. Holcombe mentioned the vicissitudes through which the new method of cure had passed, the dishonor and cruelty practiced upon its pioneers, the bitter vituperations thrown at it by practitioners who looked upon it only as an enemy instead of accepting it as the truest friend to the human race. Still it had triumphed and grown. That its triumphant progress is no ephemeral success can be proven by the permanency of other important innovations in governmental, scientific and philosophical matters. For instance, look upon the fierce opposition to Magna Charter which the English barons compelled King John to sign, and behold its magnificent following in the American Declaration of Independence. Look upon the inventors of steam engines, the discoverers of the power of electricity. They all had their sorrowful days of discouragements and persecutions, but to-day we are thoroughly convinced of the truths which have been made known.

The law of development being inflexible, had Homœopathy been but a mythical idea it would have perished long ago, as have perished empires builded upon insecure bases, however magnificent. As martyrdom has ever been one of the most powerful demonstrations of truth in religion, government and education, so has it been in the science of medicine, and from the first professors of the art of healing, even unto this age, every improvement has had its upholders who have suffered all but death for the sake of their convictions. So Homœopathy has suffered in the person of its great discoverer, Hahnemann, who was ostracised and almost destroyed by the enemies to his doctrine.

Dr. Holcombe cited many historical instances to show how the right eventually succeeds, and followed the facts of medical history down to that summer of 1875 when the American Institute stood, one of the noblest and best demonstrations of the advancement of truth in spite of the most dire antipathy.

A. E. Small, M. D., offered the following resolution, which was accepted:

“Resolved, That the thanks of the American Institute of Homœopathy be, and are, hereby tendered Dr. William H. Holcombe for the interesting and instructive address presented at this meeting through the General Secretary.”

On motion of Bushrod W. James, M. D., the address was referred to the Committee of Publication.

Vice-President L. E. Ober, M. D., then named the Committee of Credentials. They were Drs. G. H. Wilson, West Meriden, Conn.; James B. Wood, West Chester, Pa., and S. P. Hedges, Chicago, Ill.

The Auditing Committee was composed of O. S. Sanders, M. D., Boston, Mass.; E. V. Van Norman, M. D., Springfield, O., and John E. James, M. D., Philadelphia, Pa.

Robert J. McClatchey, M. D., General Secretary, presented the report of the Committee of Publication announcing the publication of the Transactions of the twenty-seventh session of the Institute in a volume of 880 pages. He said the reports on Climatology had been intentionally omitted so that they should be incorporated with those of the new Bureau of Sanitary Science and Climatology. He also reported that the rule would be adhered to of refusing to accept any paper or reports not in the hands of the General Secretary thirty days after the close of the session. This was the only way of securing the Transactions at the proper time.

E. M. Kellogg, M. D., Treasurer, reported a deficit in the treasury, partly due to the expense of printing the increased volume of the Transactions, which was larger than ever before, and also on account of the expenditures necessary for the Committee on Legislation and on the World's Homœopathic Convention. Further, the financial panic had also been felt by the members, who were many of them less prompt than usual in settling their dues. The Auditing Committee, on examining the report, found it correct.

The Necrologist, Henry D. Paine, M. D., of New York, being unavoidably absent, his report was read by the General Secretary, when it was accepted and referred for publication. The report included the following names:

Peleg Clark, M. D., of Providence, R. I., who died January 1, 1875. He was one of the founders of the Rhode Island State Homœopathic Medical Society. He practiced medicine unremittingly in his native State for sixty years. He was father of Dr. John N. Clark, of Fall River, Mass., and Prof. H. B. Clark, of the Boston University.

Benjamin Franklin Bowers, M. D., died in February, 1875. He was prominent in both schools of medicine, having adopted Homœopathy in the early years of the Institute, though at first bitterly antagonistic to the doctrine. He was the associate of Dr. B. F. Joslin.

Richmond Bradford, M. D., of Auburn, Maine, died December 21, 1874. He was a descendant of Governor William Bradford, of the Plymouth Colony. In 1849 he accepted Homœopathy, and was one of the pioneers of that truth in the State of Maine.

Albert Wright, M. D., died in December, 1874. He practiced in Brooklyn, N. Y., and was twice President of Kings County Homœopathic Medical Society.

James H. P. Frost, M. D., of Danville, Pa., died January 21, 1875. He graduated from the Pennsylvania Homœopathic Medical College in 1850. In conjunction with Dr. A. Lippe, he established the *Hahnemannian Monthly*, of Philadelphia, a magazine still in existence.

James C. Neilson, M. D., of Charleston, Mass., was born in Scotland. He was Secretary and afterward Treasurer of the Massachusetts Homœopathic Medical Society.

Charles Frederick Fish, M. D., of Newark, N. J., died February 23, 1875.

Elijah H. Drake, M. D., of Detroit, died November 16, 1874, killed by a railroad train at Ypsilanti, Mich., while returning from a consultation.

Nelson Dudley Beebe, M. D., of Freeport, Illinois, died December 22, 1872. He was an associate of N. F. Prentice, M. D., who died April 19, 1873. Dr. Prentice received the compliment of a diploma from the St. Louis Homœopathic Medical Society in 1865.

Henry Watters, M. D., of Mechanic's Falls, Maine, died November 6, 1874. He was a graduate of the New York Homœopathic Medical College.

J. G. Gilchrist, M. D., of Tidioute, Pa., offered the following resolution:

"Resolved, That Sectional meetings of any Bureau may be held at the call of the Chairman of that Bureau, provided such meetings are not held during the sittings of the Institute." Adopted.

Bushrod W. James, M. D., moved that there should be a Botanical Committee of three members appointed to collect and present specimens of medicinal plants of that locality to the Institute at each morning session. This was agreed upon, and Dr. Ober appointed Drs. T. F. Allen, New York; A. R. Thomas, Philadelphia, and William Von Gottschalk, Providence, R. I., to serve on the Committee.

J. R. Flowers, M. D., Columbus, O., offered a preamble and resolution concerning the inviting of members of the Allopathic Convention, then in session, to visit the Institute. The resolution was discussed and referred to a Committee composed of Drs. William H. Watson, J. R. Flowers and Charles A. Bacon for consideration.

The Bureau of Materia Medica, Pharmacy and Provings made its report, the following papers being presented:

"General Report of the Bureau," by its Chairman, Carrol Dunham, M. D., Irvington-on-Hudson, N. Y., who also gave some *"Provings of Sepia."*

"Observations on Sepia," Mercy B. Jackson, M. D., Boston, Mass.

"Primary and Secondary Symptoms of Drugs Defined and Distinguished," J. P. Dake, M. D., Nashville, Tenn., and T. F. Allen, M. D., New York.

"Primary and Secondary Symptoms of Drugs as Guides in the

Selection of Remedies in Practice," Conrad Wesselhœft, M. D., Boston, Mass., and Wallace McGeorge, M. D., Woodbury, N. J.

"Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose," E. M. Hale, M. D., Chicago, and Carroll Dunham, M. D.

The papers were read, discussed and accepted for publication. The Bureau was then closed, and the Chairman of the Institute named the members of the Bureau for the ensuing year.

William H. Watson, M. D., Chairman of the Committee appointed to consider the preamble and resolutions presented by J. R. Flowers, M. D., reported that the Committee offered the following resolution instead: "*Resolved*, That the presiding officer of the American Institute of Homœopathy be and is hereby requested to extend an invitation to the Medical Society of the State of Ohio, now in session at Put-in-Bay, to attend the deliberations of this Convention."

The resolution was unanimously adopted as presented.

The Bureau of General Sanitary Science and Climatology made its report, Bushrod W. James, M. D., Chairman, presenting the following papers:

"On the Construction of Hospitals," D. H. Beckwith, M. D., Cleveland, O.

"The Hot Springs of Arkansas" and "Bearings of Climate on the Choice of the Remedy," Lucius D. Morse, M. D., Memphis, Tenn.

"Notes on the Climatology of Consumption and Some Malarial Diseases" and "Epidemics of New York State," A. R. Wright, M. D., Buffalo, N. Y.

"Climatology of the South Atlantic States, Especially with Reference to Life Insurance," F. H. Orme, M. D., Atlanta, Ga.

"Climatology of Alabama and the Gulf Coast," Wm. J. Murrell, M. D., Mobile, Ala.

"On Ventilation," H. B. Van Norman, M. D., Cleveland, O.

"General Report on Sanitary Science and Climatology," Bushrod W. James, M. D., Philadelphia, Pa.

A discussion followed regarding the selection of papers to be read, when it was decided that the papers of the members present should be preferred to those of the absent members, the latter being held for publication without reading.

Bushrod W. James, M. D., offered the following preamble and resolutions, which, after some discussion, were unanimously adopted:

“ WHEREAS, It is now a difficult matter to obtain mortuary reports from many of our cities and towns; therefore,

“ *Resolved*, That this body would recommend to the members of the Institute that they, in their respective cities and towns, where published reports are to be had, obtain and furnish annually to this bureau a copy of such published reports; and, further, that when such reports are made up State statistical mortuary reports be likewise sent to this bureau.

“ *Resolved*, That in States, cities and towns where these reports are not made and published they be urged to publish them for the general good of the country, as well as for local advantages.”

The papers read were referred for publication.

Drs. Verdi and Beckwith agreed that this bureau promised to be one of great importance and proposed that the evening meeting be called earlier so that there would be time to discuss its advantages.

The evening session therefore commenced, with some conversation on the subject, when the bureau closed, and the Vice President appointed its members for 1877.

The Institute, through its General Secretary, accepted a courteous invitation to attend a lecture, by Hon. Elizur Wright, upon Life Insurance, to be delivered under the auspices of the State Board of Underwriters of Ohio.

The Bureau of Clinical Medicine offered its report and papers, by the hand of S. Lilienthal, M. D., of New York, in the absence of the Chairman, H. N. Martin, M. D., of Philadelphia. Dr. Lilienthal announced that the subjects selected were “ Diabetes ” and “ Bright’s Disease of the Kidneys.”

The papers were:

“ Pathology and Diagnosis of Diabetes,” Jonathan Pettet, M. D., Cleveland. O.

“ The Therapeutics of Diabetes,” Samuel Lilienthal, M. D., New York.

“ Pathology and Diagnosis of Morbus Brightii,” Henry N. Martin, M. D., Philadelphia, Pa.

“ The Treatment of Bright’s Disease,” William H. Holcombe, M. D., New Orleans, La.

“ A Case of Chronic Bright’s Disease,” A. Le Roy Fisher, M. D., Elkhart, Indiana.

“ Cases of Bright’s Disease treated homœopathically, compiled from the *British Journal of Homœopathy*, *North American Journal*

of Homœopathy, Philadelphia Journal of Homœopathy, United States Medical and Surgical Journal and the Hahnemannian Monthly," Gilbert Shepard, M. D., La Crosse, Wis.

"The Cause of Hydrophobia," George W. Bowen, M. D., Fort Wayne, Ind.

"A Patient Alternately Blind, Deaf and Dumb," E. C. Beckwith, M. D., Columbus, O.

"Clinical Cases," C. D. Fairbanks, M. D., Englewood, Ill.

The papers were read and submitted for publication. The bureau then closed and the appointments were made for 1877.

F. R. McManus, M. D., Chairman of the Board of Censors, reported seventy-seven applicants eligible to membership, who were elected.

The Chairman of the Committee on Medical Literature, I. T. Talbot, M. D., being absent in Europe, Samuel Lilienthal, M. D., read the report, which was accepted for publication.

The Vice President then appointed the members of the Committee for 1877.

The Committee on a Homœopathic Dispensary presented their report through, Carroll Dunham, M. D., Chairman of the Committee.

He stated that the work was complete in manuscript, and the final transcription was in active progress for the printer.

The Committee was continued.

The Committee on Foreign Correspondence presented its report through Carroll Dunham, M. D. It comprised an interesting letter concerning the progress of Homœopathy in Italy written by Dr. Tommaso Cigliano, corresponding member, and an account of the Mexican Homœopathic Society and its organ, *El Faro Homeopatico*. The letters were referred for publication. Charles A. Bacon, M. D., moved that the writers be informed of the action of the Institute, which was agreed. The new Committee was then appointed by the Vice-President, and the Bureau was closed.

The second day, morning session, opened by the presentation of a number of botanical specimens by the Botanical Committee, who asked that J. R. Haynes, M. D., of Indianapolis, be added to their number. The request was granted.

The Bureau of Surgery gave its report through its Chairman, Lewis H. Willard, M. D., Allegheny, Pa. The papers were:

"Concussion and Compression," E. C. Franklin, M. D., St. Louis, Mo.

"Dislocations of the Hip," Lewis H. Willard, M. D., Allegheny, Pa.

"Dislocations of the Knee," J. H. Buffum, M. D., Pittsburg, Pa.

"Compound Dislocations," J. Grant Gilchrist, M. D., Detroit, Mich.

"Fractures of the Humerus," Malcolm Macfarlan, M. D., Philadelphia.

"Fractures of the Femur" and "Fractures of the Foot," J. H. McClelland, M. D., Pittsburg.

"A Famous Case of Gunshot Wound," John C. Morgan, M. D., Philadelphia.

"Surgical Diseases of the Prostate," H. F. Biggar, M. D., Cleveland, O.

The papers were accepted and referred for publication.

T. P. Wilson, M. D., was requested to give a verbal description of his treatment of a tumor of the scalp which he removed.

After some discussion the Bureau was closed and new members appointed.

The Bureau of Obstetrics was represented by O. B. Gause, M. D., in place of the Chairman, J. H. Woodbury, M. D., of Boston, Mass. Dr. Gause announced the subject for presentation to be "The Disorders Incident to Pregnancy and Parturition." The papers were:

"The Third Stage of Labor, Its Duties and Management," J. C. Sanders, M. D., Cleveland, Ohio.

"Reflex Gastric Derangements During Pregnancy," J. H. Woodbury, M. D., Boston, Mass.

"Mental Influences on Maternity," O. B. Gause, M. D., Philadelphia, Pa.

"On Malpresentations of the Fœtus in Utero," Mercy B. Jackson, M. D., Boston, Mass.

"Child-bearing, or Remarks on Some of the Influences which Promote and Help to Determine Healthy Procreation," James T. Alley, St. Paul, Minn.

The papers were read, discussed and referred for publication.

The Bureau was then closed and new members appointed.

The Bureau of Pædology made its report through Nathan R. Morse, M. D., Salem, Mass. The papers were upon Scarlet Fever as selected by the Bureau. They were:

"History and Statistics of Scarlet Fever," C. W. Sonnen-schmidt, M. D., Washington, D. C.

"Nature and Diagnosis of Scarlet Fever," L. M. Kenyon, M. D., Buffalo, N. Y.

"Etiology and Prophylaxis of Scarlet Fever," N. R. Morse, M. D., Salem, Mass.

"Clinical Successes In and Peculiarities of Scarlet Fever," T. C. Duncan, M. D., Chicago, Ill.

"Complications and Sequelæ of Scarlet Fever," E. P. Cummings, M. D., Newburyport, Mass.

"The Therapeutics of Cholera Infantum," Adolph Lippe, M. D., Philadelphia.

The latter paper was written in return for an attack made upon Dr. Guernsey by Dr. Martin. Dr. Martin's paper having been read, the one by Dr. Lippe was also read. It was referred to the Committee on Publication to act as they deemed proper concerning it. The other papers were accepted for publication and the Bureau adjourned to meet in the evening.

At the evening session there was more discussion of the Bureau of Pædology papers when the Bureau closed and the new members were appointed for 1877.

The Bureau of Microscopy gave its first report by T. F. Allen, M. D., of New York. The papers were:

"The Relation of the Microscope to Therapeutics," J. D. Buck, M. D., Cincinnati.

"On the Structure of the Synovial Membranes," T. F. Allen, M. D., New York.

The papers were read and accepted and the Bureau closed.

The new members were appointed by the Vice President.

The Bureau of Organization, Registration and Statistics made their report, furnishing statistics of the institutions of Homœopathy through the United States. The papers were accepted and the Bureau closed.

R. J. McClatchey, M. D., Chairman of the Committee on Legislation, announced that the report would be read by J. P. Dake, M. D.

The Preamble and Constitution prepared for the action of the Institute were read, accepted and referred to the Committee of Publication, and were ordered to be printed in pamphlet form and sent to the members. An amendment to the By-Laws touching Bureau appointments was accepted, as follows:

"Immediately after the reception of the reports of the respective Bureaus and Committees the Institute shall proceed to the

election of a *Chairman* for the Bureau or Committee for the ensuing year, and the Chairman thus elected by the Institute shall appoint the other members of his Committee or Bureau and announce the appointments through the President before the close of the session."

The paper on the use of tobacco and alcohol was again brought forward and re-laid on the table for future notice.

At the next morning session the Botanical Committee presented their report through J. R. Haynes, M. D., Indianapolis, Ind.

Drs. I. T. Talbot and R. Ludlam, being in Europe, were appointed delegates to represent the Institute at the meetings of such foreign homœopathic societies as they might attend.

The Secretary announced the resignations of J. Gaul Rosman, M. D., Brooklyn, N. Y., and N. C. Ricardo, M. D., Passaic, N. J. On motion the resignations were accepted.

The Bureau of Gynæcology made their report, the subject for presentation and discussion being "Deviations of the Uterus." The papers were:

"The Relative Frequency and Violence of Diseases Peculiar to Women in Northern and Southern Latitudes," W. H. Edmonds, M. D., Memphis, Tenn.

"Uterine Tumors," Isaac W. Sawin, M. D., Providence, R. I.

"Remote and Reflex Symptoms Dependent Upon Diseases of the Uterus," S. R. Beckwith, M. D., Cincinnati, O.

"Uterine Tumors a Case from Practice with Illustrations," T. Y. Kinne, M. D., Paterson, N. J.

"Dysmenorrhœa," by the Homœopathic Medical Society of the County of Philadelphia.

"The Formation of Ovarian Cysts," Cornelius Ormes, M. D., Jamestown, N. Y.

"On Deviations of the Uterus," J. C. Burgher, M. D., Pittsburg, Pa.

"A Case of Successful Cæsarian Section," S. S. Lungren, M. D., Toledo, O.

These papers were read. Dr. Beckwith stated that Dr. Ludlam had a paper in preparation which he promised to send in good time for publication. It was moved and carried that the paper would be received. This discussion gave rise to the framing of a set of resolutions which were referred to the Bureau of Organization, Registration and Statistics for consideration.

J. C. Burgher, M. D., was then appointed Chairman of the Bureau of Gynæcology, and selected its members for 1877.

The Bureau of Ophthalmology, Otology and Laryngology then made their report. Henry C. Houghton, M. D., New York, naming the following papers:

"Retinitis Albuminurica," George S. Norton, M. D., New York.

"Inflammation and Atrophy of the Optic Nerve," W. H. Woodyatt, M. D., Chicago, Ill.

"Acute Suppurative Inflammation of the Middle Ear," T. P. Wilson, M. D., Cincinnati, O.

"Therapeutics of Suppurative Inflammation of the Middle Ear," by H. C. Houghton, M. D., New York.

"Consequences of Chronic Suppuration of the Middle Ear," W. H. Woodyatt, Chicago, Ill.

"Alumen, Exsiccatum in Ophthalmic Practice," C. T. Liebold, M. D., New York.

"Sub-acute Laryngitis, Acute Laryngitis and Œdema of the Larynx," E. J. Whitney, M. D., Brooklyn, N. Y.

"Chronic Suppuration of the Middle Ear," W. L. Breyfogle, M. D., Louisville, Ky.

The papers were read, accepted and referred for publication, when the Bureau was closed. W. H. Woodyatt, M. D., was elected President of the Bureau, and at once selected the members of the Bureau for the ensuing year.

The election of officers of the Institute resulted in—

President—Carroll Dunham, M. D., Irvington-on-the-Hudson, N. Y.

Vice-President—E. C. Franklin, M. D., St. Louis, Mo.

General Secretary—Robert J. McClatchey, M. D., Philadelphia, Pa.

Provisional Secretary—T. C. Duncan, M. D., Chicago, Ill.

Treasurer—E. M. Kellogg, M. D., New York, N. Y.

Censors—F. R. McManus, M. D., Baltimore, Md; N. R. Morse, M. D., Salem, Mass.; A. E. Small, M. D., Chicago, Ill.; A. R. Thomas, M. D., Philadelphia, Pa.; T. F. Pomeroy, M. D., Baltimore, Md.

The Bureau of Psychological Medicine was reported by T. L. Brown, M. D., Binghamton, N. Y., in place of the Chairman. The papers were:

"Where the Many Ways May Meet," G. W. Swazey, M. D., Springfield, Mass.

"The Old and New in Medicine," Julia Ford, M. D., Milwaukee, Wis.

"Health in Thought," T. L. Brown, M. D., Binghamton, N. Y.

The papers were referred to the Committee of Publication.

The meeting was called to order on Friday morning by the Vice-President. A final report for the session was made by the Botanical Committee, who, through J. R. Haynes, M. D., exhibited several medicinal plants, among them *Rhus radicans* and *Rhus toxicodendron*. The Doctor took great care in defining and showing the difference between these two plants.

The Bureau of Organization, Registration and Statistics then read an important report on the amendments of the By-Laws. Henry M. Smith, M. D., who represented the Bureau, announced that the Bureau suggested these several amendments: 1. In Article VII., Section 17, to insert the word *a* after the word "selected," and to change the word "subjects" into the word *subject*, so that the sentence shall read "at which time there shall be selected a special subject to be reported on by them."

2. Article VII., Section 19, to be altered to read as follows: "All papers presented to the Institute must be through an appropriate Bureau or Committee and furnished to the Chairman thereof at least three months before the meeting of the Institute. The Chairman shall forward the papers upon the special subject selected or a selection therefrom, together with the titles of all, to the General Secretary at least two months before the meeting of the Institute, to the end that he may have copies printed and furnished to the respective Bureaus before the meeting, and to the members present at the meeting; and the time allotted to a Bureau shall be occupied in the discussion of such papers upon the special subject as the Institute may select."

The report, after considerable argument, was accepted, and the suggested amendments adopted.

N. R. Morse M. D., suggested that the words *at least* should be inserted before the words specifying the number of members of which either Bureaus or Committee should consist. Adopted.

The Bureau of Anatomy, Physiology and Hygiene presented its report in the shape of papers from different members through Wm. Von Gottschalk, M. D., the Chairman.

"Biology and Definitions of Disease According to Authorities, Ancient and Modern," by F. F. De Derkey, M. D., Mobile, Ala.

"The Darwinian Theory of the Descent of Man, as Explanatory of the Anomalies of Human Anatomy," A. R. Thomas, M. D., Philadelphia.

On "Ventilation," H. B. Van Norman, M. D., Cleveland, O. The papers were accepted and referred to the Publishing Committee without discussion. Dr. Thomas was elected the next Chairman of the Bureau.

S. R. Beckwith, M. D., moved that the By-Laws be amended so as to call for an extra assessment of members in order to meet the expenses of the World's Homœopathic Convention.

A. E. Small, M. D., proposed the following resolution instead, which was unanimously adopted:

"Resolved, That two dollars and fifty cents be assessed for the next year on each member of the American Institute of Homœopathy, including both seniors and juniors, towards defraying the expenses of the World's Homœopathic Convention of 1876."

On suggestion of J. P. Dake, M. D., the department of Hygiene was transferred from the Bureau of Anatomy, Physiology and Hygiene to the Bureau of General Sanitary Science and Climatology.

By request of the Senior Members of the Institute, Dr. Dunham offered a resolution, which had been passed by that body and was now submitted for adoption:

"Resolved, That in consideration of the valuable services rendered by George E. Shipman, M. D., of Chicago, to Homœopathy and to the American Institute of Homœopathy, he be constituted a member of the Corps of Seniors.

(Signed.)

A. E. SMALL, *President.*

DAVID THAYER, *Secretary.*

On motion the resolution was unanimously agreed to.

The Committee on Homœopathic Colleges made its report by A. E. Small, M. D., Chairman of the Committee.

Objections were made to special reports from certain colleges, therefore S. R. Beckwith, M. D., moved that only the first or general part of the report should be submitted for publication. As David Thayer, M. D., explained that the special part had not been presented for publication there was no discussion and the report was referred.

The Inter-Collegiate Committee offered its report by Dr. Thayer. It was a schedule for the collegiate course of homœopathic physicians and gave the branches to be taught, the number of years of the course, the text-books to be used, and, in fact, was a complete curriculum for the student who wished to advance to the dignity of a member of the American Institute of Homœopathy.

The question of a union of colleges into several universities was suggested, but after much discussion it was withdrawn.

The next important business was the presentation of the report of the Committee on the World's Homœopathic Convention.

Carroll Dunham, M. D., as Chairman of the Committee, offered the report which embodied the action taken by the Committee in insuring the success of the grand undertaking. It mentioned the correspondence which had met with ready response from other nations, and the Committee felt quite confident of the success of the Convention.

David Thayer, M. D., offered the following resolution, which was unanimously adopted:

“Resolved, That the Institute receive and adopt the report of the Committee of Arrangements of the World's Homœopathic Convention, that it renew the authority and instructions given to the Committee of Arrangements in 1874, and that it authorize and direct the Committee to proceed to execute the measures proposed by it as stated in the report of the Committee just submitted.”

The Secretary was advised to hasten the printing of matter relating to business, appointments, etc., so as to have it issued as promptly as possible.

On motion of Dr. Carroll Dunham, who had presented the name of Dr. Bernardino Dadea, of Turin, Italy, for honorary membership to the Institute, the matter was considered, and Dr. Dadea unanimously elected.

J. P. Dake, M. D., Nashville, Tenn.; R. B. Rush, M. D., Salem, O.; J. J. Youlin, M. D., Jersey City, N. J., were appointed to act in conjunction with Drs. R. Ludlam and I. T. Talbot as delegates to represent the Institute and the interests of the World's Homœopathic Convention in Europe.

The Committee on Credentials presented a report giving the number of societies, hospitals, dispensaries and colleges represented in the present meeting.

Dr. Dunham moved an amendment to the By-Laws, which was agreed to:

“That no member of the Institute shall be Chairman of more than one bureau or standing committee:

S. R. Beckwith, M. D., offered the resolution:

“Resolved, That no expense be incurred by the Executive Committee in excess of the amount of money in the hands of the

Treasurer." The matter was warmly discussed, but failed to meet with agreement.

D. S. Smith, M. D., offered a resolution; unanimously adopted: "That the thanks of the Institute are due and are hereby tendered to the officers of the Institute for the faithfulness and courtesy with which they have fulfilled their arduous duties."

On motion of the General Secretary the Institute adjourned to meet in Philadelphia in 1876.

A CURARE CASE.

-By Dr. A. C. A. Hoffmann, Gouda, Holland.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Z.*, Sept., 1902.

On the 2d of July, Miss J. van S. came to my office from Jaagpad in Gouda (Holland). She is unmarried and twenty-five years old.

Her anamnesis was as follows: In November, 1897, she underwent an operation in the Academic Hospital, at Leyden, on account of a prolapsus recti. In consequence of this operation, which, however, did not cure the prolapsus, there was developed soon afterwards a traumatic neurosis, due to the operation. The symptoms of this neurosis were as follows:

As soon as Miss v. H. went to bed of an evening, there would appear a complete paralysis of all voluntary motory muscles. She could neither see, nor speak, nor make the least movement. She retained her consciousness. Her eyes were closed. Her hearing was even better than usual. The family said: "It is just as if she was dead."

This state continued sometimes a little less than half an hour, sometimes a little more. Gradually with some rumbling in the abdomen, the patient would regain consciousness; the rumbling seemed to rise from below upward.

During the first years after 1897 Miss v. H. had such attacks two to three times, later, five and six times a week. From February till July 2d, 1902, the attack recurred *every* evening.

It is needless to say, that *every* kind of therapy had been applied with this patient. But all therapeutic means used were completely ineffectual.

I do not hesitate to acknowledge that I myself saw little prospect of a cure. My patient certainly left my office with little hope of getting well. In scientific matters, I am a skeptic, and never like to parade as a psychotherapist. So many things had been psychically tried in this case.

I gave *Curare* 6th trituration. Every evening, a short time before retiring, after supper, the patient took half of a very small teaspoonful of this powder.

On July 26th she returned. I was actually foolish enough to open the consultation in a way leading my patient to doubt my confidence in my therapeutic measures.

But she reported that her ailment was much alleviated. It now appeared in a merely rudimentary and straggling manner. She was very much encouraged, and I myself full of suspense! I directed her to diligently continue the Indian remedy diluted a million times.

On the 16th of August she returned, having been free from all attacks for more than two weeks. Yesterday (August 27) she still continued so.

On August 16th I gave my Solomonic decree that she should stop the medicine, as she was cured! As I had expected, the patient insisted on being allowed to continue the powder, or at least to take it home with her. She would rather go traveling without money than without the powder!

I made inquiries now in every direction. The patient is really cured and full of admiration for the powder; an admiration in which she is joined by the whole family.

An allopathic doctor living here calls this cure which he cannot deny: "Auto-suggestion by the powder itself!" He does not call it *my* hypnotic suggestion, for he knows my hypnotic abilities. I myself call the cure: "*Similia similibus curantur*," and send this brief communication, which may still be susceptible of doubt and discussion, as a contribution to the action of *Curare*, the arrow-poison of the Indians, of which we have not as yet any complete physiological provings in a homœopathic sense. It is a pity that I myself had despaired of a cure, else I would have observed the patient more frequently and more objectively during her attacks of complete muscular paralysis. Repentance is too late. Some excuse may be found in the fact that my practice occupies so much of my time.

Gouda, Holland, Aug. 27, 1902.

Remarks by the Editor (Dr. Mossa, Stuttgart). We willingly comply with the request of our esteemed Dutch colleague to publish this case of *Curare*. We learn several things from his experience:

1st. That the homœopathic physician must never despair even in cases seeming most hopeless, even when he cannot find any similar antecedent case cured by a homœopathic remedy.

2. We see here an actual action of *Curare* which does not, however, stand altogether unique.

3. How absolutely necessary is the continual study of our *Materia Medica*.

4. We also receive a practical lesson as to our policy in our intercourse with patients.

The inexhaustible Thesaurus of Dr. Clarke's Dictionary of Practical *Materia Medica* gives us the following explanations, which well illustrate the present case:

"*Curare* produces *muscular* paralysis, probably through its action on the terminations of the nerves in the muscles, without either affecting the substance of the nerves nor of the muscles, and without diminishing either sensibility or consciousness. It produces death by paralyzing the respiratory muscle. Reflex action is diminished or ceases (in *Nux vom.* the contrary takes place), and this is an important indication in its application in homœopathic practice. We find also a report on the cure of a case of pseudo-hypertrophic paralysis through *Curare* 200. This remedy has also produced a state resembling catalepsy—immobility with a fixed stare, while fully awake. It is suitable in debility verging on paralysis, such as we find in old people and in consequence of the loss of humors. The additional symptoms given, with the attendant circumstances, furnish us additional points for the homœopathic use of this remedy. Though our provings may not be complete, they yet convey to us an image of of the action of this heroic remedy.

RENAL COLIC AND LACHESIS.

By Dr. van der Neucker.

A man, forty years of age, light-haired, lymphatic, corpulent, partly owing to his constitution and partly in consequence of good

eating and still more copious potations of wine, has been for several years troubled by urinary disturbances, with frequent attacks of hæmaturia. So long as his condition was not serious he did not change his mode of life; but for the last six months his condition has been considerably worse. There were renal colics of extreme violence, commencing at the top of both of the kidneys and extending along the ureters to the bladder and to the termination of the urethra, leaving him no rest. These attacks were repeated two to three times a week. Now he turned to his physician for help. He received a number of remedies, external and internal, *Morphinum* being the chief, but without any lasting good effects. Now at the advice of his physician he also stopped drinking.

In this condition he called on Dr. van der Neucker for aid. He first prescribed *Kreosotum* and *Mephitis putorius* in alternation; these remedies having often proved of good service to him in renal colic (and still more in liver colic), but they proved ineffectual in this case. The soft lymphatic constitution of the patient led him to *Calcar. carb.*, but this had no effect on the violent pains. Then the author calling to mind the former abuse of alcoholics came to try *Lachesis* 6, giving the patient 15-20 globules a day. From that time till this day, about two years, no further colicky pains nor renal disturbances have appeared. The patient continued taking *Lachesis*, six globules a day, for five months, and thus attained to perfect health.—*Journal belge d'Homœopathie*, 1902, No. 3.

BREWER'S YEAST A REMEDY FOR BOILS AND FURUNCLES.

By Dr. Sieffert, Paris. Translated.

Brewer's yeast has now been used for several years as a remedy for carbuncles and furuncles. In the year 1898 Dr. E. Piedvache, Jr., experimented with it in a very stubborn case, in which carbuncles kept developing on the shoulders and the back of a young girl. The patient had been under his treatment for three weeks without his being able to master the ailment. Scarcely had he cut open one carbuncle, using the most careful antiseptic precautions, when at once a second and a third would appear. Owing to this lack of success he determined to try fresh yeast

from a brewery. There were then four carbuncles in various stages of healing and four or five were still developing. The patient was now given two teaspoonfuls of yeast in water a day, the yeast not being dissolved. According to Dr. E. Piedvache this is the most agreeable mode of taking this remedy. The cure now advanced with striking rapidity. In three or four days the carbuncles which had been opened were completely healed, while before that it had taken from eight to twelve days for their cicatrizing. The carbuncles which were developing, one of them being a deep red with a violet colored raised center, all disappeared, and only left behind for some time a reddish induration, which, however, also gradually vanished. The effects were entirely indisputable. Though we must not always expect an equally speedy and favorable course.

Since that time brewer's yeast has become an article of trade. The drug stores first kept the fresh yeast on hand, but soon some druggists recommended specially prepared *dried yeast*, which according to their statement would cure not only boils but almost all cutaneous diseases. I mention this because I have tried most of these preparations and found that my success in my practice varied according as I used fresh or dried yeast.

I have so far treated twelve cases of carbuncles and three extensive cases of furuncles, and this partly with fresh and partly with dried yeast; others again with yeast triturated with sugar of milk. Of eight cases of carbuncles treated with fresh yeast, in three cases only simple, single carbuncles of moderate size had appeared. As I had been called in early the remedy could be given from the beginning of the ailment. The consequence was that all three of them healed quickly. Two of them disappeared at once, a third was opened with a knife, discharging several hard lumps of matter, but within four or five days they were all healed up. In the five other cases there were three, four and even five carbuncles, most of them having been opened already, or at least were so far developed that they called for an immediate operation. These five cases, being treated with fresh yeast, healed pretty quickly (in from six to twelve days), and there was no relapse. Among my last patients there was one who had only a single carbuncle which I treated with dried yeast in exact accordance with the directions of the manufacturer. When I was called in the center of the carbuncle was of a violet color and it was very hard. But in three days the diameter had almost doubled. I

opened it with a knife and treated it in the usual manner. But the boil kept suppurating for two weeks or more and left behind it a large disfiguring cicatrice.

Three cases of isolated carbuncles I treated with the first centesimal trituration of fresh yeast prepared by myself. But these carbuncles increased in size within three days to such a degree that I gave up the trituration and went back to the fresh yeast, which was at once followed by improvement, and in a few days by a full cure.

The three cases of *furunculosis* were all treated with fresh yeast, which at once checked any further development. With two of these patients five or six small furuncles developed after commencing the treatment, but these were merely nodules, which did not increase in size but became indurated and disappeared after a time.

These few experiments are not, indeed, sufficient to demonstrate the value or the worthlessness of brewer's yeast and of its various preparations, but in my practice the fresh yeast has proved the most valuable.

With respect to the dose, I may add that I gave to women two tablespoonfuls, and to men two dessertspoonfuls a day. A few times I tried a tablespoonful, but in two cases I had to interrupt the treatment because it caused violent pains in the stomach. This is Dr. E. Piedvache's report.

Lately a patient, sixty years of age, came to my office who had a reddish knot in his neck, which in two days developed so greatly and was accompanied with such general symptoms that I did not doubt that a carbuncle was forming. I prescribed fresh yeast, four teaspoonfuls a day. Next day the development appeared to be checked. On the third day the knot began to grow pale, two days later there could only be seen a local induration, and in a week every trace had disappeared. These examples showed that it is best to use fresh yeast and discard the manufactured specialties.

"Another remedy which we frequently overlook is *Hypericum*. Not that it is so often indicated, but when it is the symptoms are pronounced. I refer to extreme spinal sensitiveness to touch or even to the thought of contact. This is by no means necessarily associated with wounds or contusions, though it is beneficial when such a history prevails. So many of our spinal disorders are antedated by traumatism that it should always be kept in mind in chronic cases of spinal irritation. Excessive pain and soreness are indications for its use."—V. H. Halbert, M. D., in *A. I. H. Trans.*

CUTANEOUS DISEASES.

By Dr. Ern. Nyssens.

The following cases were observed in the "Poliklinik of the Philanthropic Society, Hahnemann:"

Lupus Facialis.

Arsenicum album not only acts in lupus erythematis, it seems to be almost a specific in lupus of the face and especially for lupus tuberculosis. The lower triturations (2, 3 and 6 D.) have given better results with Dr. Sieffert, causing at first an aggravation and the quick formation of an ulcer which heals up soon after pausing with the remedy, or on giving a higher potency. It is a matter of course that in chronic cases the results are not always so favorable as in the following typical case:

A boy of eight years, of lymphatic constitution, shows on his left cheek a tuberculous lupus, which started as a small point, and when he came first to my office was 9.3 millimeters in diameter. It has lasted three years.

July 23. *Arsenicum alb* 3 D. trit., two doses a day, of a quarter gramme each.

July 27. *Arsen. alb.* 6 D. tritur., two doses a day, of a quarter gramme each, to be taken for two days.

Aug. 2. The spot has turned red and is surrounded by a white border. The lupus now has a height of eighteen millimeters and a diameter of twelve millimeters. No medicine.

Aug. 16. The spot has become still more red and shining. The patient has a violent diarrhœa. *Arsen. alb.* 30 D., seven powders, one a day.

Aug. 22. The diarrhœa stopped the next day after his call at my office. The spot on his cheek has ulcerated. The skin is bare of epidermis and partially destroyed. A week later the whole is covered with a crust.

Sept. 4. The crust has fallen off. There is a red spot, but the nodule has disappeared. A few months later nothing was to be seen on the diseased spot but a white cicatrice. There had been no relapse, and the general health is excellent.

Acne Vulgaris.

Dr. Nyssens had a series of cases of acne under his treatment, where the homœopathic medicines were not sufficient to quickly restore the circulation in the skin and the normal activity of the sebaceous glands. In these cases massaging the skin proved of great service and enabled him to completely cure cases which were stubborn and had already become chronic, so that he had to call electricity to his aid.

The skin must be massaged two or three times a week. The patient must also wash his face in the morning and evening with hot water. It is also important to see that the rim of the hat is aseptic, especially where it rests on the forehead.

This mechanical treatment is accompanied with the internal use of that remedy which is best adapted to the predisposition of the organism according to its diathesis, constitution and idiosyncrasies

Acne Rosacea.

A copper nose also requires a mechanical treatment in addition to the internal one, if the latter proves slow in effecting the cure.

A man in office, thirty-three years of age, was suffering from acne rosacea. He received *Sulphur* 30, on May 7th. one dose a day, to be taken for seven days

May 23. He received *Psorinum* 200, one dose a day, for seven days. On June 20 the skin on nose and cheeks was normal.

This cure was effected by merely internal medication.

Mentagra or Sycosis of the Beard.

The most celebrated dermatologists aver that epilation or tearing out of the hair of the beard is the only remedy for this cutaneous disease; but the power of our antipsorics appear most plainly in this disease.

A tailor thirty years of age, desired to be cured of this ailment, but without losing his beard. On the 10th of February, 1899, began his treatment with *Sulphur* 1000. This was followed up with *Psorin.*, *Graphites*, *Carbol. acid.* On the 8th of September the case was cured.

A slight relapse appeared on January 31, 1900. This was checked with *Psorinum*, and passed away quickly. Thus the patient was cured without the loss of his beard, of which he was quite proud.

Eczema Chronicum.

The antipsoric remedies play a leading role in the treatment of the various cutaneous diseases which are arranged together under the somewhat vague and general title of chronic eczema. *Sulphur*, *Psorinum*, *Graphites* and the other remedies of the group *Carbo veg.*, *Calcar. carb.*, *Carbolic acid*, then also *Mercurius*, *Ignatia*, *Kali mur.* are indicated most frequently (also *Mezereum*, Ed.). Dr. Nyssens has found *Bacillinum* more effective with scrofulous than with tuberculous patients. He at various times has used *Carbolic acid* externally with effect to diminish the itching. He gives it in the following form:

Carbolic acid, 1.0, Aq. destill., 200.0.

Graphites he has found effective as an ointment, but in this case we have to be prepared for aggravations, especially where there are chaps in the skin. He prescribes:

Graphites, 1 D. trit. or 3 D. trit., 5.0.

Lanolin, Olei amygd. dulc. āā q. s. ut fiat unguent, 25.0.

Finally he has had rapid and surprising effects in certain rebellious cases from hypodermic injections of a solution of *Natron boracicum* in *Glycerine*, known as *Vitaline*. Although he is opposed from principle to all such specifics, he is obliged to acknowledge the great efficacy of this remedy, which develops a rapid, local, truly homœopathic action in certain inveterate moist eczemas, as also in varicose eczemas and in old atonic sores.

An apothecary's apprentice, fourteen years of age, had been suffering for four months of an eczema on the back of his hands, caused by his business.

On December 13, *Graphites* was prescribed, which caused a considerable aggravation, with fever and the formation of pustules on the hands and forearm.

January 6th, 1898. *Rhus toxicod.* caused all these symptoms to vanish rapidly.

February 7th, a complete cure.

Dr. Nyssens has often encountered medicinal aggravations. One of the worst cases was the one mentioned before under pruritus. Seven doses of *Graphites* 30 had called forth a general cutaneous eruption. The patient acknowledged after she was fully cured that she and her friends had been so much frightened by this aggravation that she had not intended to come to the consultation any more. She found the remedy "too strong." It

was only because the doctor had before warned her that there might be an aggravation before the final cure that the patient had not lost her confidence in him. This shows how important it is for the physician to keep these possibilities in mind and to prepare the patient for them. It would, of course, be better to avoid such aggravations, but this is not always possible. But they would certainly occur less frequently, if the remedy which is plainly indicated should be only given in one dose and at intervals of fourteen days. A change in the dose, as from *Graphites* 1000 to 200, seems also to bring about better and more rapid results without aggravations.

A woman fifty-two years of age, had been suffering from an eczema on the left leg, which is at the same time affected with varices. The eczema has lasted for five years, appearing soon after her menses had stopped, which stoppage was said to have been caused by fright.

On October 28th, 1897, she received *Graphites* 12, one dose daily.

November 4th. On the left arm there was formed a pronounced zoster, which proved so painful that the patient had to take to her bed. *Bellad.*, *Mercurius* and *Arnica* were given, and the zoster disappeared entirely by November 15th. But the eczema continued on the left leg, and caused violent itching.

His attention having been called by Dr. Mersch, who assists in the "Poliklinik" to the effect of *Borax* in grosser doses on *dry cutaneous eruptions*, the doctor prescribed *Borax purissimum* 0.10 pro pulv. uno; deut. tal. dos. No. 7; one powder a day. The effect was striking; in the course of fourteen days the eczema was cured. This was verified on February 7th.

A young man, aged seventeen years and a-half, suffered from pruritus on the legs which showed many traces of scratching. His ailment began ten years ago. Whenever the biting and itching diminishes the patient suffers from dyspnoea and asthmatic symptoms. The ailment is evidently of arthritic origin and alternately acts in one direction or in the other. *Sulphur* 30, alternating with *Sulphur* 200, or *Sulphur* 200, alternating with the 1000 potency, given at intervals of two weeks, put an end to the asthma and to the pruritus. The treatment lasted from November 13th, 1899, to February 23d, 1900. The young man is in good health at the present time.

Eczematous Chaps of the Fingers.

Several cases of this kind were cured by the internal and external application of *Graphites*. This remedy is not, however, a specific for such cases. The remedy must also in this case be chosen according to the general state of the patient.

A young lady of twenty came to me with eczematous chaps on the fingers. The ailment extended to the finger nails, which had cracks and were of a grayish black hue. There was also a glandular swelling in the left axilla.

The treatment began on August 30, 1897, with *Mercurius sol.* 6, then *Ignatia* 12, and finally *Psorinum* 30 and 200.

On October 1st she was cured.

NOTE.—*Seborrhœa Capillittii* in Raue's Special Pathology seems a misprint for *Capillittii*. There is no Latin word *Capillittium* but *Capillitium* signifies the hair. I note this, because it is the first error noted in that book. My edition is 1882, perhaps it has been corrected in later editions?

Crusta Lactea.

A baby, seven months old, had its scalp covered with crusts.

On December 16th she received *Psorin.* 1000, three doses, and an innocuous ointment.

December 30, *Sulphur* 200, in three doses.

January 15. Cure.

Hepar sulph., *Oleander*, *Viola tricolor*, *Silicea*, *Mercurius* and *Arsenic* have also proved efficacious in this cutaneous ailment.

Seborrhœa Capillitii.

A school girl of eleven years showed an eczema seborrhoicum on her hairy scalp.

January 30th, 1898, *Sulphur* 200 and *Psorin.* 1000 brought alleviation. These were followed up with *Mercurius sol.*, *Hepar sulphur* and *Oleander*.

May 16th, 1898. Cure.

No external remedy was used in this case.—From *Journal belge a' Hom.*, March and April, 1900.

SEPTICÆMIA AND THE CURETTE.

By H. Plympton, M. D.

To attempt to break up an old established custom in any line of life is at best a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast.

To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery and diametrically oppose such practice is to invite from some adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in, the argument advanced on the part of other members of the profession.

This latter is what I hope for, and if I provoke a discussion, or start a line of thought, in the minds of half of the readers of this article I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our medical schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the curette I deny most emphatically.

The majority of cases of death following the decomposition of fœtus or placenta in utero are caused by the use of the curette, and I hold that septicæmia may be avoided if a more rational procedure be resorted to.

The condition of the uterus containing septic matter is one of great congestion, the thickened walls being coated internally and over the os with a thick, brown, tenacious mucus.

The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation.

If the curette is used denuding the walls of their protective covering, an immediate vaccination takes place with a septic virus, septicæmia following in an incredibly short space of time (chemical metamorphosis is marvelously rapid in the circulatory system), and death quickly ensues.

If without using the curette we can remove the septic matter from the uterus without disturbing the mucous covering, and

enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases.

The uterus by reason of its congestion may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out and expelling all septic matter instead of absorbing it.

This process of exosmosis is induced by a properly combined alkaline solution at a temperature above 100° , and a strict avoidance of Bichloride, Carbolic acid, Formaldehyde, or any antiseptic of an acid reaction or astringent nature which would coagulate the fibrine and albumen of the blood.

My method of procedure is as follows:

First. The gentle removal of whatever fragments are lying in the uterine cavity by means of forceps, care being taken not to tear from the walls any adherent piece.

Second. The gentle flushing of the uterine cavity with the alkaline solution (110°), the reservoir containing the fluid being not more than two feet above the level of the hips.

If the flushing could be continuously administered for a few hours (say, two or three) the conditions would be more speedily reduced to the normal, but the discomfort of the position of the patient (on a Douche pan) prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, grs. $\frac{1}{4}$

Ext. Ergotin, grs. $\frac{1}{2}$

every hour till desired effect is produced will contract uterus and alleviate pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches, the patient should be kept on her back with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature,

relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work.

Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick, bad smelling mucus, to a thin transparent one, accompanied or followed by more or less of a flow of blood.

A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal douches every three hours, with an occasional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid) is what is desired to relieve the existing congestion, as in bronchitis, pneumonia, congestion of kidney, congestion of any mucous membrane, etc., and is the most rational means of restoring to normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it, to wit.: Its employment under such conditions as make it practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of cobra, and utterly opposed to our modern ideas of antisepsis.

2 Macon St., Brooklyn, N. Y.

INSANITY AND THE TURKISH BATH.

Since insanity is characterized by abnormal mental action, Shepard thinks it follows that there will be more or less congestion of the brain. If the blood is loaded with impurities this will necessarily interfere with cerebral nutrition. If we can call the blood in greater force to the extremities and surface of the body, it is but reasonable to suppose that thereby an overcrowded brain may be relieved. How much more so when we can at the same time purify this circulating fluid. There is no such thing as isolation in physiology. Perfect work is united work, and the good influences of the Turkish bath or any other treatment can

never be confined to one organ or one part of the body. It is claimed by good authority that it is the diseased condition of the blood, acting on the brain in the same way that alcohol does, which causes the morbid ideas of lunacy, and accordingly it is readily shown that no remedy for lunacy exists which is at all comparable to the bath, owing to its purifying action on the blood.

There are two peculiarities of insanity, an inertness of the skin and a peculiar odour, that is due to the presence of an abnormal amount of chemical abomination called fatty acids, which the bath quickly remedies. According to Dr. Thudicum, the peculiar fœtor attending this class of cases is owing to a crystalline deposit around the mouths of the sweat-glands, which becomes decomposed, producing carbonate of ammonia, in combination with volatile acid. Healthy, fresh sweat, from a clean skin, has a most agreeable odor or none at all. It is generally acknowledged that there is no specific for insanity, as it is a disease depending on and associated with various functional disorders, especially with perverted nutrition of the organ of the mind. Experience has shown that if we bring harmony to the various functions of the body, the mind quickly regains its lost balance. The soothing, quieting effect of the bath needs to be personally tested to be fully appreciated.—*Health.*

STRONG MEAT.

At this place in my paper I feel like the minister who attempted to make a speech before a large audience and his hearers were very anxious to hear another gentleman in his stead. When the minister arose the crowd began to hiss and shout, "Sit down!" He did not sit down, but raised both hands high in the air as if he were in the act of pronouncing the benediction, and said, "Keep quiet! I do not want to make a speech, but I want to tell you something."

I want to tell you that the materia medica is studied very little by the mass of homœopathic physicians to-day. You can go into three-fourths of all offices of this fair land and not see a materia medica in sight, or, if it is, you could write your name on the covers.

Further, how many repertories will you see, and how many

know how to use them? How many do you suppose have studied one remedy thoroughly this year? You know very well that many materia medicas are not opened once a week or once a month by the majority of physicians.

These are the men that want to use the pruning hoes, and blow "chaff"—principally the latter.

In those offices you will find the combination-tablets, and if the dispenser happens to run out of them he will put two or three remedies in a glass, or give a half dozen remedies in two days.

Then there goes up a great howl about the pharmacists selling all kinds of combinations. Why is it these pharmacies make these combinations? Simply because they have sale for them; a demand from their patrons. Who buys them? These men who never study their materia medica.

"When we have to do with an art whose end is the saving of life, any neglect to make ourselves thoroughly master of it becomes a crime." May the good Lord have mercy on the criminals of this country!

It is only constant effort that leads towards perfection in any calling in life.

Those of you who take part in the re-proving of drugs with unprejudiced minds and will look up all the original matter upon the drug in question, especially that of Hahnemann, will then learn to know the greatness of the man who formulated the law of *similia similibus curantur*, and that he was one of God's grandest noblemen.—*Dr. J. C. Fahnestock, Trans. A. I. H., 1902.*

INVOLUNTARY PROVING OF TARANTULA CUB.

By J. S. Bopers, A. B., M. D., Decatur, Ind.

On July 4th, 1902, at 11 A. M., Mr H——, a grocer, aged 52 years, of good physique and in good health, height 5 feet 10 inches and weight 160 pounds, while pulling bananas for a customer from a suspended banana stock was bitten on the posterior part of the right index finger between the second and third joints.

He came to my office—which is near by—at once, not over two minutes elapsing between the time he was bitten and when I first saw him. He was holding the bitten finger in his left hand, and was suffering intense, burning, sharp pain in it as he expressed himself. He seemed dazed.

I told him I did not think the bite would amount to much, but hastily cut off the circulation of blood in the finger by tightly constricting it with a narrow bandage between the point of injury and the knuckle. I then made a crucial incision to the bone over the site of infection and held the finger under the hydrant, rubbing it thoroughly in the running water about one minute, and applied a saturated solution of *Permanganate of Potassa*, kneading it thoroughly into the wound. Then I had him recline on a couch, as he was scarcely able to sit up. His pulse was very weak by this time and could scarcely be felt at the wrist. His heart beat very feebly, thirty-eight to forty beats per minute. One of the most alarming symptoms was a spasmodic difficulty of breathing in which the muscles of respiration seemed almost completely paralyzed, lasting for a period of one-half to one or two minutes and returning every three to eight or ten minutes, at first, but gradually becoming farther apart and disappearing entirely in four or five hours. His complexion was of an ashen hue. The extremities were cold and bathed in perspiration. The pupils were slightly dilated, and when he was spoken to he opened his eyes and stared, not knowing the location of the speaker. His hearing was considerably impaired. He did not recover from the effects of the poison sufficiently to know things clearly for eight or nine hours.

He says the first impression he had after the bite was the burning, sharp pain at the site of injury, a very unusual full feeling of the head and an unsteadiness of gait. He feels confident he could not have lived over five or ten minutes longer without help.

The tarantula that bit him was found. It was five inches in length and of a brown color. It was a female with eggs, and young and very vicious.

The constitutional treatment consisted first of 1-30 gr. of *Strychnine*, with 1-100 gr. *Nitro-glycerine* hypodermically, and during the first one and one-half hours after the bite he was given in all, by mouth and hypodermically, in small doses frequently repeated, 1-15 gr *Strychnine*, 1-33 gr. *Nitro-glycerine*, 1-33 gr. *Atropine*, 1-8 gr. *Morphine*, one ounce *Aromatic Spts. Ammonia*, and six ounces of the best brandy, besides using artificial heat. The bowels, kidneys and skin were kept active. The treatment was continued along the same line as given above at longer intervals for eight or nine hours, when his pulse had returned to near normal and consciousness was restored. He made an uninterrupted recovery in four or five days.

The finger that was bitten healed by first intention.

One-half hour after I saw the patient I called in Dr. J. M. Miller, who kindly assisted me with the case for about one and one-half hours, and who fully agreed with me as to the patient's condition and treatment.—*Fort Wayne Medical Journal*.

REMEDIES IN HÆMORRHAGES.

By Dr. P. Jousset, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Allgemeine Hom. Zeit.*,
August 14, 1902.

I. *Aconite*. This remedy in a toxic dose depresses the arterial pressure of the blood; according to the laws of pharmacodynamics we are therefore justified in concluding that in *medium* doses it will increase this pressure, since all remedies (?) taken in small doses produce effects which are contrary to those produced by strong doses. The author of this article has also proved by experiments made on animals that *medium* doses of *Aconite* produce a decided feverish commotion. The experimental proving of this remedy on healthy persons has proved that it may produce hæmorrhages in such persons. But clinical experience, which ought always to have the last word in therapy, permits us to make these indications of *Aconite* more precise and to give to *Aconite* the first place in febrile hæmorrhages.

The facts observed in the homœopathic hospital Saint Jacques have led the author to make the following rule: Whenever a phthisic patient experiences before the ejection of blood or at the same time an acceleration of the pulse by one or two degrees beyond the normal, we shall succeed in checking the expectoration of blood, while at the same time the bodily temperature will be lowered. Dr. Jousset has prescribed in such cases 20 drops of tincture of *Aconite* as the daily dose. (Could this not also be reached by minimal doses?—ED.)

Now when we consider how difficult a problem it is considered to check a feverish hæmoptysis, we must grant that the therapeutical indications resting on experimental *Materia Medica* and the law of similars far excel in their practical results the indications derived from physiological explanations that are frequently incomplete and contradictory.

Also in epistaxis *Aconite* has a high value. The full and hard pulse, the increased temperature, the red turgescient face, the

glittering eyes, the restlessness and anxiety all plainly indicate it.

II. *Arnica*. Although Nothnagel and Rossbach with their usual scepticism have placed *Arnica* among the superfluous and obsolete remedies, nevertheless a tradition just as copious and well authenticated considers *Arnica* as a valuable remedy in the treatment of traumatic injuries, as a *panacea lapsorum*, and it also has the approval of experimental Materia Medica in injuries from hæmorrhages, since this testifies the fact that healthy persons have suffered from hæmorrhages after taking *Arnica*. The remedy has been chiefly used in epistaxis and in hæmorrhages from other organs when of traumatic origin; but the specific relation that *Arnica* bears to the brain and a lengthy and general experience recommend this remedy in quite an especial degree in cerebral hæmorrhages.

III. *Digitalis*. The author would not speak of this remedy in treating of hæmorrhage if Prof. Vaquez had not included it among the three remedies on which he has founded the whole therapy of hæmorrhage.

According to the pharmacodynamical law adduced above, *Digitalis* at the beginning of its action increases arterial pressure, which is immediately followed by its depression. *i. e.*, *Digitalis* in a small dose produces an increase in arterial pressure, while a toxic dose immediately produces a considerable diminution of this pressure and death during the diastole of the heart.

These alternating and contrary effects of remedies had been demonstrated more than one hundred years ago in Germany, and they have remained current coin in our (homœopathic) school; but it may be useful to confirm this great therapeutic truth by the testimony of two men who are altogether outside of our school. Let us consider how Nothnagel and Rossbach summarize the effects of *Digitalis*:

“When *Digitalis* is prescribed in a small dose only the first period is observed, but when it is given in a strong dose this first period is very brief and incomplete, while the second period is protracted; if the dose is a fatal one, the third period very quickly sets in.

“The symptoms produced by small doses consist in a very noticeable retardation of the pulse and a very considerable increase in the arterial pressure attended with a constriction of the peripheral arteries. If the dose is increased—but not so as to become toxic—there is an acceleration of the pulse and a gradual diminution of the arterial pressure after frequent fluctuations.

Finally, when the dose becomes toxic, we have a very pronounced irregularity and increasing retardation of the pulse; the arterial pressure decreases more and more and the heart becomes paralyzed and ceases its motion during diastole."

This presentation of the action of *Digitalis* on warm-blooded animals, quite in agreement with the pharmacodynamic law, might be supposed to be given by a pupil of Hahnemann. To make it complete we ought to add that in toxic doses the *pulsus rarus* is only seen at the end of the experiment, and that it is preceded by an acceleration, as seen in Joseph Frank's experiments.

What, then, is our conclusion from the action of *Digitalis* on healthy persons, as to its indications as a remedy in the treatment of hæmorrhages?

The conclusion is that it acts according to the law of similars, for as it is not then given in a toxic dose its action during hæmorrhages consists in a considerable increase of the arterial pressure, but an increase in the intra-vascular pressure is one of the most common conditions of hæmorrhages.

IV. *Hamamelis Virginica* was introduced into therapy by the pupils of Hahnemann. Druggists well know how to exploit its reliable action in the treatment of hæmorrhoidal hæmorrhages and of varices.

The experiments of homœopathic physicians on warm-blooded animals show a very considerable increase of arterial pressure, attended with a contraction of smaller vessels; it, therefore, is like *Ergotine* in causing a contraction of the blood-vessels.

In experiments on healthy persons it has produced hæmorrhages from almost all the organs

The remedy has been used in all kinds of hæmorrhages, but it was supposed that its action ought to be restricted to hæmorrhages of black blood, thus to venous hæmorrhages. But these indications have more of a hypothetical character and should be rejected by our school. The expression, "venous hæmorrhages," is properly speaking badly chosen, for pathogenesis shows that, if we except wounds, all hæmorrhages take place in the small veins which adjoin the capillary system. In short, this characteristic ascribed to *Hamamelis* is not so much due to observation as to a supposed effect of the remedy on the venous vascular system in varices and phlebitis.

It is, doubtless, that *Hamamelis* has proved very effective in the treatment of copious hæmorrhages, in epistaxis, hæmoptoe and metrorrhagia, but I have no indications which deserve to be

called positive to show that this remedy is preferable to *Ipecacuanha*, *Millefolium* or *Ergotin*. The only indication which may be called positive and which is daily confined to clinical observations is in the treatment of hæmorrhoidal hæmorrhages. In this case the action of this remedy is so reliable that if it fails to act in any case we may conclude that the hæmorrhage from the rectum is not hæmorrhoidal; in such cases further examination will almost always show the existence of cancer in the rectum.

As to the dose required in the treatment of hæmorrhoidal hæmorrhages the editor has effected many cures with the 6th or the 3d dilutions, but Dr. Jousset has frequently found these doses insufficient; therefore he now always begins the treatment with the original tincture, which at once yields the desired result. He prescribes three drops of the tincture in 200 grammes of water, but in six cases he was compelled to exceed this dose to secure a complete cure. These were cases where experienced colleagues (*i. e.*, of the old school) thought there was no hope for the patient but the removal of the hæmorrhoidal tumors.

With respect to the scepticism of my honored colleagues, I would state that according to the provings made on healthy people, as also in accordance with clinical observation, *Ipecacuanha* corresponds more to *bright red*, profuse hæmorrhages, often attended with nausea, chilliness, cold perspiration and dyspnœa. Also in *Millefolium* the blood is predominantly bright red. In *Secale cornutum* we frequently find the characteristic symptom of formication. But in *Hamamelis* we find in the organs discharging the blood generally a dull sensation of heaviness, probably due to venous stasis.

VI. *Nux vomica*.

Strychnine in a strong dose depresses the contractions of the heart and causes death during the diastole, as with *Digitalis*; as to the action of small doses of *Strychnine* on the vascular system, the author has found nothing instructive. (Of *Nux vomica* it is stated, probably also when given in larger doses, that there was caused plethora and stasis in the heart, in the larger blood-vessels and in the lungs throughout its action on the vaso-motary center.—Ed.)

In our school this remedy has rarely been used in hæmorrhages. Before *Hamamelis* was introduced into our medical treasury *Nux vom.* was frequently used in hæmorrhoidal hæmorrhages; so also occasionally in hæmatemesis, in hæmoptysis of slight degree, and finally as prophylactic remedy in chronic epistaxis. (According

to its pathogenesis we would use this remedy less in bleeding piles, than in hæmorrhagic tumors, especially when attended with constipation and hyperæmia of the liver and of the venous system, manifesting itself through occasional hæmorrhages from the nose, the lungs and the stomach, with pronounced congestion to the brain.—Ed.)

Dr. Jousset had frequently used this remedy in the 6th dilution.

VII. *Ipecacuanha*, if Prof. Vaquez will permit me to say so, is assuredly one of the best hæmostatic remedies, and only little children can be brought to believe that this remedy acts thus through its powers of causing vomiting, or, as others have ventured to assert, through the small amount of *tannin* contained therein.

Ignorance as to therapeutical laws must still be of high degree in the medical world when such explanations are received. *Ipecacuanha* cures hæmorrhages because it produces these in healthy persons; that is the correct explanation.

Clinical observations have confirmed the correctness of the provings.

Hæmorrhages from all the organs have been cured with *Ipecacuanha* by all the schools, and this in small doses, if we except Trousslau and his adherents, who gave it in doses causing nausea or vomiting.

Dr. Jousset likes to give it in the 1st trituration because he considers it as more reliable in hæmorrhage when given in such a dose; others have found the 3d and even the 6th dilution effective.

VIII. *Ledum palustre*. We have but few data as to the hæmorrhagic effect of this remedy, either with men or animals, and yet it proves most effective in many cases of hæmoptysis. When the expectoration contains foamy reddish blood, and the expectoration is caused by a violent, convulsive cough, *Ledum* frequently proves quite effective. Jousset has given it in strong doses of 20–30 drops of the tincture within 24 hours. (But smaller doses are equally effective.—Ed.)

IX. *Millefolium*. That sheep-yarrow is able to cause hæmorrhages has been abundantly proved by Hahnemann and his pupils. Clinically it has been used in hæmorrhages of all kinds, but in the hands of the Editor it has proved most effective in hæmoptysis. It is most commonly given in alternation with *Ipecacuanha*. Formerly Dr. Jousset used to give both of these remedies in the 3d dil., but latterly, to make sure, he has been giving regularly three drops of the tincture as the daily dose.

X. *Phosphorus*. The hæmorrhages caused by this remedy are usually similar to those in severe fevers, and to *Purpura hæmorrhagica*. The symptoms caused by *Phosphorus* are spots, ecchymoses, extravasations below the skin or in the joints, and hæmorrhages from the mucous membranes.

Its clinical use is in multiple hæmorrhages, such as appear as the symptoms of severe general diseases of the blood, as in hæmorrhagic exanthems and in the *Purpura hæmorrhagica*. Our mode of prescribing it saves us from the cases of poisoning that frequently followed the use of *Oleum phosphoricum*. The author uses it in the three first triturations (but in this practice few homœopathic physicians will be apt to follow him.—ED.)

XI. *Platina*. This remedy has only been used by the homœopathic school, and only in metrorrhagia. This indication is founded on the fact that *Platina* causes metrorrhagia in pregnant women (6-12 dilut.).

XII. *Sabina*. The effect of this remedy on the impregnated uterus is indubitable, and it is analogous to *Secale cornutum* in this respect. The differential diagnosis of these remedies, though of great importance in practice, has not yet been sufficiently established. Many physicians prefer *Sabina* when the metrorrhagia is accompanied with an irritation of the rectum and of the bladder.

Jousset considers that the presence of extremely violent pains in the uterus is characteristic of *Sabina*; the hæmorrhages are also more profuse. *Sabina* is also especially indicated as a remedy for abortion and its attendant hæmorrhages in the commencement of pregnancy, while *Secale* is better in hæmorrhages after the sixth month. He gives the remedy in the first decimal trituration in a solution of .20 or .50 to 125 grammes, every three hours a tablespoonful.

XIII. *Secale cornutum* and *Ergotine* form almost the whole therapeutical armory of Prof. Vaquez in the treatment of hæmorrhages. The hæmostatic properties of these remedies are based on their physiological peculiarities, especially on their tendency to contract the smaller vessels.

But such therapeutical deductions founded on but partially known physiological facts often contradictory in their nature are of no use to us. Some authors explain the property of contracting the vessels as exhibited in *Ergotin* by the action of this remedy on the vasomotory center; others by its direct action on the

arterial muscular coats. Zweifel, however, supposes that it is a reflex action caused by the pain arising from the injection.

The action of *Secale* on the uterus, especially in its pregnant state, is well authenticated. The contractions of the uterus caused by this remedy are analogous to the natural contractions, but are distinguishable from them by the fact that they become constant and tetanic. Just as indisputable also is the fact that post-puerperal hæmorrhages are stilled by *Secale* and *Ergotin*.

How is this effected? The remedy checks metrorrhagias by the contraction of the uterus and the diminution of its volume. It, therefore, acts like the physiological contractions of the uterus after the expulsion of the foetus. These facts are well established by clinical observations.

The majority of physicians consider that the action of *Ergotin* is established also with respect to other hæmorrhages, and they use subcutaneous injections of *Ergotin* almost altogether as their remedy in hæmorrhages of all kinds.

Jousset also followed this practice for some time, especially in hæmoptysis, but he has found it very unreliable.

We shall, therefore, reserve *Secale* for the treatment of metrorrhagias, especially those of a puerperal nature. According to Jousset the dose in puerperal cases must be strong, 0.50 of the powder every twenty minutes, and this may be increased to 1.50 or 2.0.

In metrorrhagias not puerperal, where they are not violent, as we find them occurring when the lochias are too protracted, and even more frequently in women whose menses are of too long a duration, *Secale* proves very effective in the doses prescribed in *Sabina*.

(If we wish to use this remedy in contractions of the uterus which are of a tetanic nature, and the pathogenic action of this remedy particularly calls for this, then we ought to give it in the diluted form, as in such cases the indication is really a homœopathic one.—Ed.)

XIV. *Terebinthina* is indicated almost exclusively in renal hæmorrhages; first, because it causes such hæmorrhages in healthy persons, and, secondly, because it has a specific relation to the kidneys.

The dose should consist of a few drops of the 1 to 3 dilution. It is a really reliable remedy.

XV. *Thlaspi bursa pastoris* has an ancient reputation as a hæmostatic. Galen had already indicated its relation to the uterus;

it has been used in epistaxis, in hæmaturia, and frequently in metrorrhagia. Dr. Jousset has had good results from it in menorrhagias of young women and girls. He always gives twenty to forty drops of the mother tincture in 200 grammes of water, a tablespoonful every two hours.

XVI. *Trillium pendulum*. This plant is of the same family of plants as the lily-of-the-valley and contains glycosides similar to those found in *Digitalis*. This remedy has been especially studied by homœopathic physicians in the United States. It causes hæmorrhages from all the organs. According to Hale, it is indicated in hæmorrhages attended with a pale face, cold extremities, anxiety and tendency to swooning. Other indications adduced by the American physicians are: Severe hæmorrhages during the climacteric period, the blood appearing in fœtid lumps, unattended with pains. It is used in the mother tincture or in the first dilutions.

XVII. The *snake poisons*, especially those furnished by the vipers, produce hæmorrhage in various parts of the body; given in strong doses, they at the same time depress the arterial pressure. They are chiefly indicated in the treatment of *Purpura hæm.* and in the hæmorrhages in severe typhoid fevers.

The author remarks in conclusion:

The history of these sixteen remedies is sufficient for medical practice in this direction. It shows at the same time how little reason the old school, which boasts so much of its scientific nature, has to be proud of its pharmacodynamic investigations and of the therapeutic indications founded upon it.

The editor (Dr. Mossa) misses in Dr. Jousset's indications the finer indications for a homœopathic selection of remedies. But he acknowledges that in serving the old school the author had to give the first place to the objective symptoms.

BOOK NOTICES.

American Institute of Homœopathy. Transactions of the Fifty-eighth Session, held at Cleveland, Ohio, June 17-21, 1902. Edited by Ch. Gatchell, M. D., General Secretary.

The Transactions are out this year with most gratifying promptness, a volume of 860 pages, full of interesting papers, discussions, reports and statistics. These volumes are worth the price of membership, and every homœopath should become a member of the National body.

The Medical Directory of New York, New Jersey and Connecticut. Published by the New York State Medical Association, 64 Madison Avenue, New York. Vol. IV., 1902-'03.

A very complete directory arranged by names, cities and streets, with full particulars of societies, hospitals, etc.

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EDITORIAL BREVITIES.

GOVERNOR STONE.—The *North American* gives the following report anent the turning down of Homœopathy by Governor Stone, of Pennsylvania:

Even physicians may have too much of the theory of medicine and its practice. This fact was in evidence yesterday at the final session of the Homœopathic State Medical Society in Hahnemann College, when the convention plunged into discussion of politics, and an outburst of applause at the mention of the name of Candidate Pattison.

Reference to the committee on legislation was responsible for the introduction of politics. Dr. A. P. Bowie wanted to know what was being done to secure representation on the State Pharmaceutical Examining Board, a recognition the school of Homœopathy enjoyed until Governor Stone ousted its only representative in that body. The chair, in the usual fashion, "reported progress" from the committee. Bowie was in for vigorous action.

"Well, what can we do to enforce this recognition we justly deserve?" was the inquiry.

"What can we do?" repeated Dr. W. J. Martin, of Pittsburg, as he addressed the chairman. "I'll give you a remedy. Elect Pattison Governor. He will give you fair treatment." The reference to Pattison was greeted by pronounced applause.

"I think we should stand up stronger for our theory of practice," added Dr. Thomas Welsh, of Pittsburg. "We allow the fellows of the other school to gather in all the ward appointments. We should do work at home as well as in the State. I give the

politicians in my district in Pittsburg to understand that the homœopathist is as good at making votes as the allopath. I don't care for the remuneration, but the recognition of our school of medicine is imperative."

Some of the members favored a resolution condemning Governor Stone. This, one member declared, would be practicing allopathy, so it was decided to treat the Governor by the application of homœopathic doses. The convention resolved that its legislative committee endeavor to secure the reappointment of a homœopath on the State Pharmaceutical Examining Board.

"Now let us drop politics and get back to medicine," said a member, "or the next thing we know we will be voting to endorse one of the candidates for Governor." This ended the political sideplay.

END OF VOLUME I OF HISTORY A. I. H.—With the 28th session (1875) of the American Institute of Homœopathy, the first volume is complete. These sessions will be bound together and any one desiring a complete volume can apply to Boericke & Tafel, or to the publisher, Dr. Bushrod W. James, N. E. Cor. 18th and Green Sts., Philadelphia, Pa. The second volume, including the sessions from 1876 to 1902, will be printed in full volume form, without appearing in any journal from month to month.

THE GOWANDA HOSPITAL.—The Eighth Annual Report of the Managers of the Gowanda State Homœopathic Hospital to the State Commission in Lunacy is a very favorable one. There was a total of 418 patients treated. One commendable feature of this hospital is the employment of patients in some form of manual labor. On this point the superintendent says: "I have been able to notice a good effect in the majority of cases, and at no time have there been any deleterious results from over-work or from doing work at all. Many patients are strongly resistive to any recreation or any employment. Such patients, it is often noticed, improve in no respect until induced to exercise of some kind, the effect of which for the better, the patient is often able to detect for himself, and it arouses in him ambition and in most cases an improved condition follows."

A HUBBARDISM.—"And above all things when we find men and women healthy and happy, bright of eye and sweet of breath, what kind of a man am I if I tell them that they are really neither

happy nor prosperous—they merely think they are, and that a law should be passed compelling them to be vaccinated.”—*Elbert Hubbard in the Philistine*.

HOW THEY DO IT IN OREGON.—After talking to the doctor some time it occurred to the reporter that a physician’s clothing might carry as many germs as those of an ordinary man. “I may get the disease from you,” he said, stepping back to a safer, more discreet distance, “or do you disinfect your clothing before you leave the house?”

“Why, I never bother about anything like that, and I don’t think there is any need of it,” he responded. “If you are going to get it, you will get it. Two of my children have not even been vaccinated, and they run around where it is all the time. I go and visit cases and come home and hold them on my knee, and still they do not get it. My wife goes with me to see most of the cases, and neither she nor the children have it yet. You are as liable to take it trying to avoid it as in any other way.”—*Medical Sentinel, Oregon*.

A NEW USE FOR CALENDULA.—In an eclectic journal we find the following, simply credited “*Times* :” “The *Tincture of Calendula* in small doses will cure many cases of incontinence of urine in the aged.” Does any one know about this reputed virtue in our old friend *Calendula*?

STRAWBERRIES HEALTHFUL.—*Health*, of London, says: “That delicious fruit the strawberry must be classed with the most wholesome production of the vegetable kingdom. It is recorded of Fontenelle that he attributed his longevity to them, in consequence of their having regularly cooled a fever which he had every spring, and that he used to say—‘If I can but reach the season of strawberries!’ Boerhaave looked upon their continual use as one of the principal remedies in cases of obstruction and viscosity, and in putrid disorders. Hoffman furnished instances of obstinate disorders cured by them, even consumption, and Linnaeus said that by eating plentifully of them he kept himself free from gout. They are good, even for the teeth.”

Pure strawberry syrup, like B. & T. carry, might fill in between seasons. It is absolutely pure.

POINTERS ON DRUGS.—Dr. F. F. Laird, of Los Angeles, Cal., in *The Clinique*, gives the following time-tried and verified drug

symptoms: Both *Aconite* and *Arsenicum* have fear as a prominent symptom. The fear of *Aconite* "is groundless and accompanies the most trivial ailment." The *Arsenicum* fear is that of death alone, every fear symptom in the proving resolving itself into this dread fatality; accompanies the pale, sallow face of organic disease tending deathward, and pictures prostration as *Aconite* pictures power. "*Berberis* typifies lithæmia, in which a dark urine of high specific gravity is a common accompaniment. Consistent, therefore, is the deduction: *A dark urine of high specific gravity (1028 to 1035), free from sugar, should always suggest Berberis.* This is a keynote upon which I place the utmost reliance. So great is my faith in it that a successful prescription has many a time been based upon that alone."

A PREDICTION.—"In conclusion I make another prediction, viz., that many of the younger among us to-day will live to see the time when the principles of Homœopathy, 'the science of therapeutics,' will be acknowledged and the art practiced by educated physicians the world over."—*Dr. W. J. Hawkes, Trans. A. I. H., 1902.*

A PRACTICAL HINT.—"One other empirical use of *Calophyllum* which has given me excellent satisfaction has been in thrush, that most troublesome complaint in mother and babe. I have found that 20 to 60 drops of a low dilution in a glass of warm water applied upon a swab to the visible sores will produce prompt amelioration, and I give it internally in doses of the 12th or 30th once every four or five hours. Those of you who have run the gamut from *Boracic acid* to *Sage-tea* and back to *Hydrozone* and *Permanganate of Potash* will appreciate this little practical point."—*Dr. Frank Kraft, Trans. A. I. H., 1902.*

A HINT.—"One very important thing should be done by every one who writes for a journal: Whenever you say you give *Bryonia* say what potency; not necessarily how many times, nor how often, but what potency. It makes a good deal of difference whether you give *Bryonia* in the first potency and set the patient's head to cracking, or give the thirtieth potency and do no good, or give the sixth potency and finally cure the patient. That is what we want to know."—*Dr. C. E. Walton, Trans. A. I. H., 1902.*

NO COMPETITION.—"The college must teach more fully the essential facts of Hahnemann's doctrine of chronic diseases. Not a perfunctory literal statement of his three miasms, but the truth

of the fact of suppression, of the skin-phase of many chronic diseases, the importance of the patient's individuality over and above mere diagnostic symptoms of his disease, *as guide to the curative remedy*; the importance of pre-natal constitutional and eradivative treatment by means chiefly of so-called antipsoric remedies. It is along these lines that our distinctive work lies, where we have no competitors, and where success means permanent improvement of the race."—*Dr. Wm. Boericke, Trans. A. I. H., 1902.*

OFFICIAL DIAGNOSIS.—"The experience of a well-known professor in a Western college may serve to further illustrate the way the remarkable proportionate increase in the number of cases of diphtheria came to happen: Professor T. had living doubts both as to the accuracy of something in connection with these statistics, and the science and efficacy of the antitoxin treatment in diphtheria. He is also regarded as authority on all diseases of children. A servant in his house had sore throat. He did not regard it as diphtheria, but was uncertain. He carried a sample of the exudate and the saliva to the health office of the city for microscopic examination to ascertain whether or not it was diphtheritic. The health officer's report was that it was undoubtedly a case of that disease. The girl recovered promptly, and the doctor was and, I believe, still is of the fixed opinion that it was not. He next took a sample of what he could find in the mouth and throat of an apparently perfectly healthy member of his household to the same health officer, and received a similar report, viz., that the subject from which was taken this second sample had diphtheria. He then took a specimen from the mouth and throat of a large and perfectly healthy dog to the same health officer, and received a report similar to the other two! The doctor was and, I believe, still is of the opinion that there is considerable humbuggery about the diagnosing of diphtheria in health boards by means of the microscope!"—*Dr. W. J. Hawkes, Trans. A. I. H., 1902.*

GOOD FEES.—The London correspondent of the *Medical Record* (October 18th) says that four public vaccinators at Edmonton had received the sum of three thousand eight hundred and fifty pounds in fees, or about nineteen thousand dollars. Yet the local guardians were told that if they had properly enforced the Acts they would have escaped much expense in dealing with small-pox which seems to be prevalent there.

PERSONAL MENTION.

A silver loving cup was given to Dr. T Griswold Comstock, of No. 3401 Washington avenue, by his fellow-homœopathic physicians, about fifty of whom visited him without warning at his home last night. Doctor Comstock recently returned from the East. Dr. James A. Campbell, in presenting the cup, dwelt on the fact that Dr. Comstock was graduated at Philadelphia in 1853, and from the University of Vienna in 1857, but got his start in the old Jesuit College in St. Louis, at Tenth street and Washington avenue. Dr. David N. Gibson offered poetic sentiments, and then as the loving cup was passed around each guest said a few kind words. Dr. Comstock, in responding, referred to the motto: "Qui non proficit deficit," which means, "who does not progress goes backward," and touched on the progress of Homœopathy.—*St. Louis Republic.*

Dr. C. W. Schwartz has removed from Larabee Point, Vt, to Whitehall, N. Y.

Dr. Edward P. Scales, of Newton, Mass., a '59 man, died from the results of an accident last August.

Dr. S. T. Shannon, author of the *Repertory of the Schuessler Remedies*, has removed from Denver, Colo., to Sewickley, Pa.

Dr. Chas. Deady, eye, ear and naso-pharynx, has removed to 151 West 173d street, New York City.

Dr. Edmund Carleton, 62 West 49th street, New York City, has the Saturday afternoon clinic at the New York Homœopathic College. Dr. Carleton is a straight homœopath, and, as the late Dr. Burnett said, "Homœopathy is the winning horse in the medical Derby." Eclectic homœopathy has not the speed of the genuine.

Dr. Bushrod W. James, while away on his vacation to York Harbor, Maine, in August, was stricken down with pneumonia, due no doubt to the foggy, damp climate which was prevalent there last summer. The doctor started home, but only got as far as Boston when he collapsed. He was sick there for several weeks, under the care of Dr. Herbert C. Clapp, and was only able to reach home the early part of October. Dr. James is still weak and nervous and not fully able to resume all his duties.

Dr. Percy A. Tindall, who has spent the last three years in

Washington, D. C., two years in the hospital and one year with the eminent oculist, Dr. Wm. R. King, has returned to Philadelphia, and for the present located with his father, Dr. Van. R. Tindall, where he will devote his time to diseases of eye, ear, nose and throat, 323 Reed street.

Dr. Chas. Genperich, of 181 East 64th street, New York City, read a paper on chronic endometritis at the last meeting of the Albany Homœopathic Medical Society, held at Troy.

Dr. Walter G. Crump, 693 Madison avenue, New York, had quite an extended tour on his vacation, running through the wilds of Canada, and incidentally stopping at that centre of Homœopathy, Rochester, N. Y., and that retreat of elegance, Lennox, Mass.

Dr. S. Olin Hardy has removed from 912 to 925 West End avenue, New York.

Dr. Sinclair K. Royle has removed from 101 West 84th street to 105 West 76th street, New York.

Dr. Chas. Lloyd has removed from 334 Central Park West to 36 West 93d street, New York.

Dr. Van Alstyne H. Cornell has removed from 118 West 98th street to 113 West 87th street, New York.

Dr. B. G. Clark has removed from 162 West 122d street to 25 West 74th street, New York.

Dr. Ralph Alexander Stewart, after three valuable years at the Flower Hospital, has opened an office at 143 West 76th street, New York.

Dr. Lawrence M. Stanton has removed from 132 West 58th street to "The Osborne," 205 West 57th street, New York City.

Dr. G. M. Andrews has located at Stella, Neb.

Dr. J. A. Muller will be found nicely located at 147 East 62d street, New York City.

A good location for a homœopathic doctor in a town of over five hundred inhabitants, on the Wabash R. R., in the best farming community in Indiana. Roads always good. Collections first class. Only one allopath. Address U. W. Reed, M. D., Topeka, Indiana.

PERSONAL.

And now the learned ones inform us that gall stones originate in bacteria.

Drs. Meehan and Molliard, French Academy of Medicine, have discovered the microbe that makes "it a boy" or a girl. Hurrah!

Gartner concludes that the "theory of phagocytosis cannot be correct because he has never found cocci in the leukocytes."

Symanski (Russia) finds the tetanus microbe ready for business in a body buried for thirty-six years.

Since 1879 cancer has increased 266 per cent. in Germany.

"The most fatal disease I know of is to quit work."—Pettus.

"Microbes have about as much chance of damaging a healthy body as bird shot a battle ship."—Dr. W. J. Hawkes.

Indiana seems to be the centre of romance, song and poetry in this U. S. Who'd have dreamed it!

You are quite right, Mary, "a 'peachy load' is an euphemism for a shocking pathological condition and it is *not* a synonym for a load of peaches," as those naughty boys say.

A *Fliegende Blätter* man met a fierce lion in Africa, so he coolly turned and called back, "Oh, Mr. Haggenbeck, here's another!" and the lion fled.

Dr. A. W. Woodward's *Constitutional Therapeutics* is an interesting work. *Æsculus glabra* is said to have cured shaking palsy.

Profuse, *odorless* diarrhœa, *Paulina sorbilis*.

In some cases the wife has fits when the husband steps aside a little, in others she gives 'em to him.

Dr. Perry Dickie's *Uricacidamia* is, or will be, a most interesting publication.

Coal is still a burning question.

They say a good butler makes his master and guests feel small.

Will not some one find the microbe of poverty?

Who can explain in what way "extremes meet?"

Some men find the world a hard oyster to open

The man who said "fruit derived from labor is the sweetest," probably never did any manual labor.

"Few persons know how to be old," says La Rochefoucauld, and we ask what is the answer?

The man of forty seems venerable to the youth of eighteen, who, when he gets there, thinks—differently.

When in doubt subscribe for the RECORDER!

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REFLECTIONS ON THE TREATMENT OF PNEUMONIA.

By W. H. Howitt, M. D., Toronto.

The following remarks are prompted by the great prevalence of pneumonia the last few seasons, and the injustice of the gratuitous assumption by prejudiced persons, wholly unacquainted with the facts of the case, that Homœopathy is incompetent to deal effectively with so serious a disease.

It is sincerely hoped for these notes also that they may in some slight degree serve, however feebly, to point those still groping in empirical darkness to the clear light revealed by Hahnemann, which now at length, after years of benighted effort to extinguish it, is about to receive fresh lustre by the endowment of a chair of Homœopathy in the ancient University of Würzburg.

According to the latest old-school utterance by Sir R. Douglas Powell, "the death-rate from pneumonia," which is conceded to average about 25 per cent., "has remained unaltered for fifty years." Previous to this time the general mortality more commonly approached 35 per cent., and nothing better was then thought to be attainable. That was in the days of bleeding, blistering and "heroic" drugging.

About the middle of the last century a series of experiments on a large scale was instituted in Vienna and other places, having for their object the testing of cases of pneumonia with varying modes of treatment. The outcome of these trials was the startling discovery that the ratio of mortality tallied in an unmistakable way with the activity of the medication; the more energetic the measures used the greater the number of deaths. The expedient was therefore tried of giving no medicine at all, with the extraordi-

nary result that the mortality was actually reduced to about 13 per cent., though later tests make the average nearly half as much again.

This event gave rise to what is known as the "expectant method" of curing, in which the physician is "a mere inactive watcher of the course of disease," and practically gives no medicine of any kind unless compelled by unwonted urgency to do so.

The cry was then raised, "We have found the secret of Homœopathy!" Allopathic treatment, it could not be denied, had drugged its victims to death, while homœopathic practice was considered to merely exemplify the triumph of Nature over Art.

Fortunately at that time Homœopathy had an accomplished representative in the person of the late Dr. Henderson, Professor of Pathology in Edinburgh University. In spite of the persistent abuse of his time-serving colleagues he was able to show not only that the mean duration of the disorder under homœopathic management was scarcely twelve days as compared with twenty-nine days under "expectancy," but also that the average death-rate under the former system was a little over 5 per cent., and in recent years it has been equally satisfactory.

Since the earlier period referred to the traditional school has been in a quandary what course to pursue. A few of the more candid and thoughtful of its adherents frankly agree with a writer in a late issue of the *London Lancet*, who, speaking of pneumonia, says: "I am persuaded that we seldom cut short the attack or save life by adopting any measures beyond nursing." But the greater number, unmindful of the past and ignorant of the existence of a fixed therapeutic rule, still blindly follow the fallacious guide of their own or some one else's experience, and continue for simply speculative reasons to pour in drugs; one of the many current procedures being a return to Juergensen's plan—namely, cold baths and *Quinine* to subdue the fever, and stimulants to neutralize the depressing effects of both.

With respect to the newest aspirant to favor, the so-called anti-toxin treatment, we have here, it appears to me, a principle of action akin to homœopathic of a specifically correlated nature; and though, like its analogue vaccination, it is at present in a lamentably crude and unsatisfactory stage of development, I am inclined to regard it hopefully. It may possibly supplement, but it can never displace pure Homœopathy; and it will be successful

in proportion as it is homœopathic. The search for mere bactericides will always prove elusive.

A short time ago I was called to attend a robust-looking woman in the prime of life, who had just come down with double pneumonia. Her temperature was a trifle below 105, pulse about 120 a minute, and respirations almost 40. Examination of the chest revealed the presence of solidified patches in both lungs, but of comparatively limited extent. A diligent inquiry into her symptoms satisfied me that her state called for a certain remedy, and I felt confident of my ability to relieve her. This expectation I was warranted in indulging from the fact, that after carefully comparing her record with that of a number of related remedies, I was able to decide upon one whose pathogenesis, or sick-making powers, closely corresponded with the patient's condition; much in the same way that one, wishing to open a lock, might pick out a key he was familiar with from a number of similar shaped keys. *Lachesis*, the poison of the lance-headed viper, in an exceedingly diluted form, was the medicine selected, chiefly on account of the unusually loquacious delirium and the high degree of toxæmia it denoted. Further indications for the choice were:—A bluish-red suffusion of countenance. Preponderance of the disease on the left side. Distinct aggravation after sleep. Extreme sensitiveness to touch of the cutaneous surface. A constant tendency for the patient to sit upright in bed and pull the clothes from her throat and chest.

The next day her temperature was one degree better, her pulse less rapid and her nervous system not so profoundly affected. But she was still delirious, and this greatly alarmed her family, who requested a consultation with a practitioner of the "regular" school, to which I reluctantly consented. He proposed giving the patient *Quinine* in 20-grain doses "to reduce the temperature," and declining to assume the joint responsibility of such a course I retired, feeling doubtful whether she would be able to survive the excessive dosing with such a remedy. I learned subsequently that after taking the *Quinine*, she lapsed into a stupor and died two days later. No doubt the gentleman referred to was honest in his conviction that he was acting for the best. But I do not hesitate to characterize such treatment as not only unscientific, but most pernicious. It is like using a sledge-hammer to do the work of a key. The action of a full dose of *Quinine* in such a case is remarkably suggestive of a heavy blow on the head. In both in-

stances there is a stunning of the nerve centres, the main difference being an absence of local contusion in the case of *Quinine*, and, of course, under an effect like this the fever goes down. Make a little larger use of either agent and the patient will go down, too. Any active drug may be made to allay fever in this manner.

According to the beneficent philosophy of Hahnemann the exact sphere of operation of a medicine can be definitely ascertained by "provings" of it on *healthy* individuals; and the reason why an infinitesimal quantity is all that is required of a suitable homœopathic remedy is because of the intense natural relationship shown by these experiments to subsist between the drug and the disease; just as there is a special adaptability on the part of a key to its lock, and tons of iron in any other shape will not answer the purpose. A child can open the most massive safe with a key (as was formerly the custom), but it requires a considerably greater expenditure of force to effect an entrance with a sledge-hammer; and yet how much more the latter alternative would appeal to the uninitiated. What Red Indian, knowing nothing of locks and keys, and heedless of consequences, would hesitate to choose a sledge-hammer in preference to a key in order to open an iron safe; and as far as the knowledge of the *modus operandi* of medicines is concerned some members of the profession would seem to be largely in the position of the untutored Indian.

Nature opposes all medicines, homœopathic as well as allopathic, unless they are given in accordance with Hahnemann's law of cure; just in the same way as she antagonizes all diseases, often being equal to the task of successfully repelling them single-handed. All that Nature generally needs in any case is gentle help capable of working on the same lines and in the same direction that she herself works.

There is great significance in the fact that all drugs prescribed allopathically are dispensed in the well-known official doses. For example—the standard dose of *Castor Oil* is a tablespoonful; that of *Paregoric*, a teaspoonful; that of *Rhubarb*, a scruple, and so on. Why is this? The answer is that these doses represent the measure of the resistance that Nature will oppose to them; and this resistance must be overcome before the usual manifestations of the drug can be induced. The action, therefore, is a purely arbitrary, half-poisonous one, initiated at the caprice of the physician, entirely contrary to Nature, and quite unlike that produced by a

true homœopathic remedy; which, instead of having all the natural forces of the system arrayed against it, works hand in hand with Nature; and hence, as an additional cause for so doing, can be used in very much smaller quantities. That this description of self-styled rational medicine is not overdrawn is proved by the fact, that a double dose is not unfrequently followed by fatal consequences. Napoleon III. and the late Professor Tyndall both perished from a double dose of an ordinary prescription they had been taking.

The fruits of conventional practice are also strikingly apparent, especially as regards pneumonia, in the amount of alcohol administered by the two schools. Under orthodox physicking it is resorted to freely, and is often an imperative necessity; while the followers of the opposite belief find little or no occasion for its use.

From what has already been said, it will be seen that homœopathic remedies only operate within certain well-defined limits and when appropriate conditions are present. Unless there is a specific correspondence between the morbid state of the patient and the disease-producing peculiarities of the curative agent, no results as a rule will supervene. Moreover, while it is true that there is only one ideal remedy—*simillimum*—for each picture of disease, there are nearly always a number of similar-acting remedies which more or less approach the ideal, and which will accomplish good work in proportion as they do so.

People are often needlessly scandalized and unthinking assailants triumphant at the impunity with which children sometimes swallow whole bottlefuls of homœopathic pills; and because poisonous effects do not immediately ensue declare they are no medicines at all. With as much reason might a person finding a key on the street, and thrusting it into the first lock that appeared, say, because it failed to open it, that therefore it was not a key.

It is occasionally maintained by a few of our opponents that they have investigated the system of Hahnemann and found it unreliable. In most, if not all, instances of the kind it will be discovered that the inquiry has been of a very superficial character; and it is unreasonable to suppose that the knowledge of a comprehensive subject like Homœopathy can be acquired in a few months or even a year. One must attain to the position of an expert in the matter before one can expect to conduct such an examination with either fairness or success. What would be thought

of a court of justice, in a case involving minute chemical analysis, condemning a prisoner to death on the testimony of merely general practitioners of medicine and surgery who had never qualified as medico-legal specialists? And yet precious human life is as much at stake in the one case as in the other, and the majority of the profession are content to accept as conclusive just such evidence in reference to Homœopathy. It is high time the old school abandoned its attitude of contemptuous indifference and instituted a patient research into the doctrines and practice of its younger rival. If this is ever honestly and thoroughly done, I have no fears as to the issue. To affirm, as is at present the fashion, that there is not, nor can be, any such thing as a law of cure, it is to go against all analogy, and discredit the daily observations of thousands of trained observers. Law prevails everywhere; and it is incomprehensible that Divine Providence could have permitted such a universal and marvellous coincidence to exist between drug action and disease unless it were designed to subserve some definite and useful purpose. A grave responsibility will rest upon those who, at the dictate of "professional policy," or from motives of personal expediency, persist in ignoring the claims of this important truth.

The following case of pneumonia, in direct contrast with the preceding one, affords a good example of what the true Hahnemannian method can accomplish when implicitly observed. The patient, a delicate, highly-sensitive woman, past middle age, had been subject for some years to neurotic troubles of one kind or another. The outlook in this instance was decidedly more threatening than that of the former one, the pneumonic process involving well nigh the whole of one lung, and a large part of the other. The totality of the clinical features at first suggested *Bryonia* as the suitable remedy, and later on *Phosphorus*. The former promptly alleviated the dry cough, pleuritic pains, and fever to the extent of one degree; and the latter still further lowered the temperature from about 104 to below 102, and also, what was perhaps more important, materially strengthened the circulation. But instead of the disorder continuing to yield to treatment in the usual manner, the relief procured by these measures proved only temporary. The situation again grew alarmingly worse, and by the eighth day evidences of a breakdown were rapidly accumulating. Ominous signs of the serious impairment of tissue began to be audible within a circumscribed area at the base of the right

lung posteriorly; and this, together with a temperature still exceeding 103, labored respirations over 40 a minute, and a thready, irregular pulse of 138, made a state of things that was indeed desperate. Up to this time fairly similar, but not in all respects ideal, remedies had apparently sufficed; but now it became quite clear that if the woman's life were to be saved some very close prescribing would be needed. This led me to study her symptoms more and more carefully, with the result that I presently found a medicine whose indications, peculiar, even trivial in themselves, but serving like straws to show which way the wind blows, and occurring in almost every region of the body, pictured the patient's condition so exactly that I felt sure, if a cure were at all possible, I now had the key that would open the door to safety and health. The prescription determined upon was that wonderful product of Hahnemann's genius, *Lycopodium*—in the crude form absolutely inert, but in the highest attenuations one of the most potent remedies in the *Materia Medica*; and it was chosen in agreement with the following history:—

Increasing hebetude with complaint, when lucid, of pain, and pressure—without throbbing—at vertex. Mouth and lips very dry, but no thirst. Tongue deep red, glazed, and protruded tremulously. Swollen condition of the right tonsil. Loud gurgling in the trachea. Rapid and failing action of the heart. Invasion of the right lung first and afterwards the left. Distressing dyspnœa, steadily growing more severe. Cough excited by lying on left side, with expectoration of bloody purulent matter. Disposition to intestinal flatulence. Urine scanty, albuminous, and voided involuntarily. Right foot cold, left warm. Persistent high fever with inclination to throw off the bed clothes. General exacerbation of all the symptoms about four o'clock.

Upon completing my search I immediately asked the friends of the sufferer, who were not unnaturally becoming very anxious, to have patience for another twelve hours, by which time I ventured to think they would be able to see some change for the better. My hopes were not disappointed. I had found the *simillimum*. Improvement began forthwith and continued almost uninterruptedly from that time on. There was no crisis. The more urgent symptoms and typhoid condition slowly gave way, and in about six weeks, with the assistance afterwards of *Sulphur* and *Silicea*, the disorganized portion of the lung completely healed. An additional satisfaction was the fact that with return-

ing strength the chronic nervous attacks gradually disappeared. And thus what seemed for a time irresistibly tending towards a disastrous issue eventuated, through the agency principally of a single homœopathic remedy in the very smallest of doses, in a perfect restoration to health.

In my judgment the crowning evidence of the truth of Homœopathy is that which inevitably staggers the faith of any one approaching the subject from a theoretical standpoint—namely, the infinitesimal dose. One would naturally imagine that quantities such as those that have just been alluded to could not possibly retain a single particle of the original drug, and in consequence would be utterly incapable of exerting any conceivable effect. But when, to one's astonishment, such doses are found to possess most unequivocal energy, and that the more refinement they are made to undergo the greater to all appearance their potency becomes, I claim that one is shut up to the conclusion that we have in attenuated doses of homœopathic remedies a specific force of amazing subtlety and power, working in obedience to a natural law, and capable, within the limits of its sphere, of curing anything that is curable with medicine.

The latest objection that the champions of the other camp urge against the efficacy of homœopathic treatment is that it is simply a question of "faith," or, as Professor Richardson calls it, "expectant attention," and that, provided the mental attitude of the patient is sufficiently and properly aroused, it matters not at all whether one gives anything or nothing. But how, I would like to ask, is faith capable of being excited in young infants or in a person who is totally unconscious? What about faith again in the case of dumb creatures? Instead of referring to the numerous published accounts of the successful treatment by the homœopathic method of cattle, sheep, dogs, and other animals, I will relate an occurrence that came under my own observation and which was one link in the chain of evidence that induced me later on to adopt the precepts of Hahnemann.

While practicing years ago in Wisconsin, U. S., my professional duties obliged me to drive almost daily over a very wide range of country, so that I had abundant opportunity of judging of what I am about to describe, and was witness of the fact that the experience went a long way towards converting the farming community of that part of the State to a belief in the milder medication. During the winter of 1872 an unusually severe epidemic of

influenza broke out among the horses and many animals were carried off, in some cases by the accompanying pneumonia. In not one instance, however, as far as could be ascertained, was there a single death where homœopathic medicine was the means employed, and whenever, *after that*, I visited a farmhouse in that section I nearly always noticed among the books of the owner's scanty library a copy of a popular manual on veterinary Homœopathy. The experience gained during the epidemic had inspired such confidence it was proposed, consequently, to follow a like course in future ailments. Imperfect as attempts to treat in this homely way must necessarily be, it is surprising what satisfactory work even under these circumstances is sometimes done by the intelligent lay prescriber.

Facts like this should effectually silence those who say that the small doses of the new school may be all very well for children, but are not sufficiently powerful for grown-up men and women. Surely what is strong enough for a horse ought to suffice; and, if the previous statements be accepted as valid, they prove without doubt that such simple agents are quite as applicable to adults as to the youngest babe. As no contact of a telegraph key with its terminal is too slight to prevent a transmission of intelligence, if need be, over an entire continent, so in like manner the dose of every really homœopathic specific, however minute, is not less certain in its operation on the delicate nervous filaments of the body, and thus to a very great extent, if not altogether, is a question of quality rather than quantity.

The self-acknowledged exponents of empiricism may, as Professor Ossler says, "care nothing for Homœopathy," yet the fact remains that it offers the only key to the problem how best to control what has with good cause been termed "the most deadly acute sickness of our climates."

What is true of the comparative treatment of pneumonia is equally so of that of most other diseases; and the more malignant and rapidly fatal their tendency the more brilliant has the history of Hahnemannian practice in such cases been. Let those who are sceptical on this point consult the records of cholera, diphtheria, blood-poisoning, typhoid, yellow and malarial fevers, and they will find abundant evidence in support of the assertion.

No other system has ever produced such unimpeachable results; none has ever demonstrated after almost a century of determined opposition such surpassing vitality. A teaching based on Nature's

immutable principles must prevail, and I confidently look forward to the time when "*similia similibus curentur*" will be universally recognized as the efficient guide to a truly scientific exercise of the "Healing Art."—*From the Homœopathic World, London, Eng.*

"WHAT THEREFORE GOD HATH JOINED TOGETHER."

A Doctor's Sermon.

We sometimes hear the remark that ministers should practice more of what they preach. Would it not be well also if many physicians would preach more of what they practice? Let this serve as the writer's apology for this attempt at homiletics.

Perhaps some one may say: The text refers to the subject of marriage, and this has for ages been debated and regulated by the ministerial and legal professions, but not by the medical. This must be granted as true, and greatly to our discredit, for upon whose ears falls so often the discordant note of unhappy marriages; who reads its ghastly effects so frequently, and, perforce, in the faces of his patrons, and who so often finds it the unknown quantity in the deep problems of his daily work, as each member of our beloved profession finds it in these brain-racking diseases with which we have to cope? Hence, our silence during the heated discussion of marriage and divorce has not been due to want of interest, for the subject is one of great interest to all who are not only doctors but physicians also, and, therefore, concerned for the health and welfare of mankind.

In Longfellow's "Hanging of the Crane," we read:

"O, fortunate, O, happy day,
When a new household finds its place
Among the myriad homes of earth,"

and all good people of all lands answer this joyous truth with a cordial Amen.

But how many of us are willing to say Amen to such an event when God hath not joined together those who make this new household? We have freely given ourselves over to the belief that when a man and woman are pronounced husband and wife by the minister that God has "therefore" joined them together. But is this true? No, 'tis not true, and pity 'tis 'tis not true.

The most natural question after this is: Whom then does God *not* join together?

There are different laws in the different States and Nations that prohibit the intermarriage of different races, such as whites with blacks, with Indians, with Chinese, etc.; laws that forbid marriage when one or both are under certain ages prescribed by law; when one or both are of unsound mind, and in a few States laws exist against the marriage of persons having certain diseases. Yet there is little uniformity in these laws, and there is much to be done on this line before satisfactory conditions exist, pleased as we are with the progress that has been made. Perhaps the reader may not be aware that there is one law common to all States and Nations, all religions and ethics, and that this is the one recorded in our Bible, together with the comments of our Saviour, on the subject of marriage and divorce. It is this law that especially concerns us as physicians and that accounts for the appearance of this article.

You will readily admit, no doubt, that God's chief design in the institution of marriage was, "from the beginning," the well-regulated union of the sexes, yet is it not also true that in our efforts at regulation we have almost lost sight of the physical claims on the "holy estate of matrimony." Have we not read other superficial qualifications into this rite and are these not less "holy" than those provided by Jehovah? Have we not so magnified the restrictions of both Church and State about this ceremony that our people regard these as paramount, while physical capacity is almost entirely ignored? How often do we physicians see men and women approach the marriage altar of whom we have professional knowledge that they are physically unfit for such relations. Can God join such persons together in marriage? We must go to His Word for the answer to this question.

The Pharisees were a sect who believed in the infallible nature of rites and ceremonies and they took it upon themselves to question Jesus on marriage and divorce. This discourse (see Matthew xix-3 and 12 inclusive) gives not only His opinion but quotes the law as given, and the design of God when He created them male and female "at the beginning," and on this Jewish law Jesus the Christ, and Jesus the Jew, adds His command to us that "For this cause," viz.: *because one is male and the other female*, "shall a man leave father and mother and cleave unto his wife, and they twain shall be one flesh. What, *therefore*, God hath

joined together let no man put asunder." God does not join a man and a woman together just because they take a fancy to each other and go through a marriage ceremony together. Not even if that fancy develops into a deep and true devotion before the ceremony, as we so often see. Nor does He join them because they are social equals or congenial in mind or moral temperament, important as these are, and against which mistakes He warns us through Paul's deep words: "Be ye not unequally yoked together with unbelievers."

Such prudential reasons are vastly important to the contracting parties and have constituted man's passport to the marriage altar. But once there, and before God can join them together, his first question must be: "Are you a normal male and a normal female?" If not, then all our causes for marriage may exist, but God's chief cause does not exist and there can be no marriage in such case. For God cannot and will not be inconsistent to His purposes or His institutions, and His institution of marriage rests first—as is shown in the text: "For this cause," etc.—upon the physical capacity for marriage. This is the primary and necessary condition that God requires of those who approach the marriage altar, whether that altar be in a church or elsewhere, to receive that union which He alone can impart and which all sects of all religions agree must be upon the union that constitutes marriage.

Whether we be Christian or Jew, whether Buddhist or Moham-medan, Brahmin or Confucionist, we all acknowledge one common Father, Creator and Law-giver. Among all these religions the same ethics of marriage (procreation) exists, and if we be God-fearing people we must respect it. These religions all agree that an unsexed man or woman is not marriageable, and that regardless of whatever rites or ceremonies, regardless of the affection that may exist between the contracting parties or of our prayers and good wishes in their behalf, yet in a union with such man or woman God does not, and cannot, take any part when that physical defect exists at the time of the ceremony. Such a marriage is necessarily a Godless one, and as physicians we have knowledge that such ceremonies are being performed every day. To what extent are we responsible for them? For if either of the parties be, at the time of the ceremony, incapacitated as male or female, is God's cause for marriage therefore not made void, and is it not incumbent upon us to impress the fact upon such men and women, since the truth will bear repeating, that if God shall not

joined them together then, to both Christian and Jew, at least, there can have been no marriage. This is the law of Jehovah, Who and His laws are unchangeable.

There may be some that would apply the physical disqualifications that succeed marriage as sufficient cause to annul its bonds. Most emphatically No! A marriage once properly consummated is binding "so long as ye both shall live" or until one shall have violated it by adultery. Or again: The money you received yesterday in payment of a debt was good money and paid the debt. If for any reason it is worth less to-day than yesterday the loss is yours. So a man and woman at the marriage altar owe to each other the ability to perform the functions of marriage. This once fully consummated, "they twain shall be one flesh," and any change thereafter "for better for worse" shall be the good or ill fortune of both.

Let it be understood that barrenness is not a sufficient cause for divorce, for absolute barrenness is practically impossible to determine. Abraham and Sarah illustrate this fact. The medical records also are full of instances where fruitfulness has occurred when such condition seemed entirely impossible. The facts indicate that the Creator holds and governs this condition by His own hand. Hence the profound wisdom of the recorded prayers by childless husbands and wives.

In the last verse of this quotation (Matt. xix, 12) Jesus speaks of three classes of persons who may not marry because of physical incapacity. "For there are some eunuchs which were born so from their mother's womb." For these our hearts go out in sympathy as to one born blind, while the question presses upon us also: "Master, who did sin, this man or his parents, that he was born blind?" But we are greatly relieved by his answer: "Neither hath this man sinned, nor his parents; but that the works of God should be made manifest in him."

Again "there are some eunuchs which were made eunuchs of men." This brings us to the phase of this question that is of greatest interest to us as physicians and is the specific motive in this article. There are now nearly 120,000 practicing physicians in the United States alone, and to each of us come patients on whom we are tempted to perform certain operations that have in the last decade taken on much of a fashionable character, operations that unsex the subjects, and their popularity finds much of its foundation in this fact, together with the other fact, that it is

easier and more remunerative to remove these organs than to cure and retain them. Seen in the light that such mutilation debars that party from future marriage with God's sanction, perhaps both patient and physician would not be so hasty to attempt an operation of so grave consequences.

And again, we have that large and, I regret to say, growing class of patients which, like the poor, we have always with us, those unfortunate and those vicious victims of repulsive diseases and practices that are so liable to unsex and thus render unfit for the marital relation. Though aware of the far-reaching and devastating effects of these disorders, yet as a profession we have failed to impress upon our patrons the vast moral importance and influence of such conditions. Have we not been remiss of our duty, and is not this word to the wise sufficient?

No sane man will deny that the love between husband and wife is maintained largely by those proper and almost universal sentiments that reign in the hearts of good men and women, but our social customs and conventionalities have beset the threshold of matrimony with a vapor of sentimentality that chloroforms us into a state of stupor and stops our ears with the foul wax of false modesty, so that it is "highly improper" for women to discuss this subject with each other, except, as is so often done, with the vulgar levity that is "wholly unbecoming to a gentleman." Is this more or less than true?

As a result of these cruel customs, which of us, long in practice, has not seen a score of male and female wrecks pledging their troth at the altar when they were ignorant of what manner of men or women they were, and of their physical inability to fulfil the conditions which that pledge imposes. Pure-hearted and pure-minded men and women they often are, but whom God cannot, owing to their physical condition, join to any woman or man.

Just here the question naturally arises: What is the honorable course for a man and woman to pursue who have plighted their troth under such conditions? Obviously, could it be anything else than their duty to exhaust every means at their command to remove the hindrance that exists? One who would do less than this; one who would ask the Courts to declare the marriage void without a patient and complete effort to effect the restoration of the unfortunate one, reveals, by that, a character too contemptible to be named among honorable men. And this effort should continue until both parties are satisfied that the condition is incur-

able. Then let them petition the Courts to declare the marriage null and void as the law provides in such cases. This is not a "divorce," since no marriage has existed in *fact*, hence the law can only declare it void, thus agreeing with the Divine law that "For this cause shall a man leave father and mother and cleave unto his wife, and they twain shall be one flesh."

The State of South Carolina has no divorce laws, and hence no "divorce," can be obtained in that State; yet there, as in several other States, a marriage, where one of the parties is physically unfit for marriage, is set aside under a statute that declares such a marriage to be null and void, just as the sale of a farm would be set aside when the seller had not a good title to that farm. A sale existing in *form*, but not in *fact*.

Section 4910, Statutes of Arkansas, declares that "when either of the parties to a marriage shall be incapable, from physical causes, from entering into the marriage state the marriage shall be void from the time its nullity shall be declared by a Court of competent jurisdiction." The marriage does not exist in *moral fact*, and upon this the law proceeds to declare it *void in legal form*, thus demonstrating the fact that a moral issue must be established before a law is possible.* The same or similar statutes, to those of Arkansas and South Carolina, appear in the laws of New York, Connecticut, Vermont, Iowa, Texas, Louisiana, New Mexico, Idaho, California, and others. These are not "divorce laws," and do not appear under the head of divorce laws, but under the caption of "Laws for the Regulation and Prohibition of Marriage."

It is generally well known that the Roman Catholic and Greek Churches hold the most strenuous views on the subject of marriage and divorce; that they hold marriage to be a sacrament, and hence is terminated by death only. When physical incapacity for marriage exists, however, then these Churches declare such ceremony to be null and void. They agree with the law of the State that under such circumstances a valid marriage is not possible, therefore it is set aside and declared to not exist. Is it not clear, therefore, in view of the Biblical, ecclesiastic and statutory laws set forth above, that the title a man and woman have to their estate of matrimony depends primarily upon the consideration of their physical fitness for that estate? This being defective the entire chain is valueless.

Do you ask if they may not continue to live together? Since

the Bible and the laws of the land agree that such persons are not, and cannot be, properly married, do you think they should continue to live together as husband and wife? Certainly not if they be Bible Christians and law-abiding citizens.

The writer's purpose shall have been served if this article shall make clearer the fact that God's ways are not always our ways, nor our thoughts His thoughts. And that the life of faith is the life lived with respect to God and not with respect to men.

"What therefore God Himself hath joined together let no man put asunder." These are not man's words, but God's words. Hear ye Him.

W. L., M. D.

SCIATICA OF TWENTY YEARS' DURATION CURED.

LA CRESCENT, MINN., October 27th, 1902.

Dear Doctor Nash:—I was more than pleased to receive your medicine this morning. I needed it. I was afraid that you might get vexed at me, or out of patience, for taking that dose of "Sulphur." I realized my mistake soon after I had taken it, as I did not know *what* medicine I was following. I sent to Chicago recently for a pair of twins (two books) *i. e.* *Leaders in Homœopathic Therapeutics*, by E. B. Nash, and H. C. Allen's *Key Notes*. I received them last week. I have others, but I want to tell you the above two books are the only two I can sit down and read over and over again without getting tired. I am a firm believer in the single remedy, and yet I at times alternate "because I don't know" *what* else to do, as both remedies at times seem to be strongly indicated. Of course I *know* they are not, but I have to own to the truth many times. I *don't* know which one to throw out. And yet during the last year, at times, I have had beautiful, *grand* results from the single dose even, which has surprised a skeptic neighbor practitioner. He is a low potency man and a haughty, or proud, old fellow. I guess I will have to send him a dose of *Platina* high. I have never been instructed, so to speak, in a way calculated to get the picture of the remedy before me. I *thank* God I am learning. I was called a few days ago to see a chronic sciatic patient, right side, aged sixty-three. I had no high potency suitable with

me and no *Placebo*. I remembered what I heard you fellows say at the Chicago Beach Hotel, June 24-5, 1902, to wait. If you ain't sure of your remedy *don't* give any. Well, I wasn't *sure*. I called for a glass one-half full of water and put in a few drops of pure alcohol, to be taken *two* spoonfuls every *three hours*. This was on the morning of October 22. The man was in bed; could hardly stir without pain and yet his complaint was twenty years old. Well, I came back in the evening some wiser and gave a dry dose on his tongue of *Bryonia* 1 m. and went home. In, or, rather, on, the morning of the 24th his wife ordered me over to see him in the imperative language. Well, he certainly had nothing to complain of, as he was sitting up. I gave him *Bry.* c. m. a single dose, with strict orders to continue the *other* remedy, a few drops of alcohol, two-thirds of a glass of water. I visited him the 26th again, and found him much better, and left him on the few drops of alcohol and water. The weather has been damp at times and rainy during his sickness, and yet this afternoon his wife tells me he talks about coming up town. I *never* have been able to do this well by alternating and I never have seen a remedy do *such* work in the low potency. I have, since I saw you in June last, had at least two more just as remarkable cases. The single remedy was used, *except* it was given in the 12th, and in one case repeated in the 55 m. This patient was given *Sulphur* 12th, a single dose, for a recurring chronic morning looseness of the bowels. Well, *she* had an extra stool *that* day, and for several days thereafter she had *no* stool *at all*. I then gave another dose *Sulphur* 55 m. in the A. M. and at or near 3 P. M. She had a natural stool and no trouble since with the bowels. I wish I had been converted to this single remedy faith nineteen years ago. I wish I could take a two years' course at the Hering, of Chicago.

Thanking you kindly for your kindness to me, I remain yours fraternally,

F. H. WHITNEY.

LA CRESCENT, MINN., November, 1902.

E. B. NASH, M. D., CORTLAND, N. Y.

Dear Doctor.:—Your esteemed favor received yesterday and contents noted. I have not the slightest objection to your pub-

lishing any part of my last letter to you in HOMŒOPATHIC RECORDER, as it is *true*, every word of it. Had I known of such a wish on your part, I would have taken more time and got it up in better shape. I simply recorded the truth as I knew it to be to one who knew about such truths, having verified them again and again. To return to the case of sciatic rheumatism in the gentleman aged sixty-three, of which I wrote you about the 27th of last month, I wish to add that it was a case that I would have blundered over *had* I not been present at the meeting of your society at the Chicago Beach Hotel, June 24 and 25, 1902. The advice given then, as you well know, *was*, if *you are not sure* of your remedy *don't give any*. I acted on that advice; it came to me like a flash as I was hesitating what to do, and I gave no medicine, but, instead, a few drops of alcohol, in a half glass of water, a teaspoonful or two, rather, every two or three hours. This being an old chronic case, of over twenty years' standing, and on the right side, and the weather being damp, cold and rainy, I naturally thought of *Rhus*. Upon more mature deliberation I saw that it was not the similmum, as he was better lying on the painful side; better from quiet and worse on movement. He got one dose in the evening, on my return, of *Bry. 1 m.* on the tongue, and no other medicine for three days, when he got a second dose, on the tongue, of *Bry. c.m.*, and the third day after the last, or second, dose he was up town walking about and has been gaining right along, and no other medicine except the two doses.

Very truly yours,

F. H. WHITNEY.

THE CURE WAS PERMANENT.

Editor of the HOMŒOPATHIC RECORDER.

In July, 1900, you printed a note of mine regarding a case of neuralgia cured by *Rhododendron chrys.* I have just seen the patient, who is now visiting in Los Angeles. She tells me that she has not had any return of the pain since that time, so that the cure may be considered complete. She further says that since taking the *Rhododendron* she has had no fear of thunder storms; whereas prior to that time she suffered acutely from that fear. *Rhododendron* might be of use in the case of nervous women who are afraid of lightning. I may say that she did not know that

Rhododendron had anything to do with thunder storms, and thought it rather curious that the fear had left her.

Very truly yours,

HARRY STEELE BUDD.

818 California St., Los Angeles, Calif.

(The case in question was one of neuralgia that generally came on on Friday and would last for two or three days, and had persisted for three years. The attacks would be brought on at any time by high winds, damp weather, or an approaching thunder storm.—Editor of the HOMŒOPATHIC RECORDER).

GINSENG IN HICCOUGH.

C. R. CROSBY, M. D.

This drug does not occupy a very prominent place in the list of remedies, yet it is worthy of special mention in the difficulty above mentioned. If there is any one annoyance especially common to infancy and earlier years it is hiccough. When it occurs in a case of severe illness the prognosis becomes very grave, so much so that it is a popular notion among the laity that the patient must die. That this is not always the outcome I find by experience.

Having used the remedies laid down in the *Materia Medica* with indifferent success, I was led to fall back onto a bit of experience of my boyhood. From my very earliest recollections I had been subject to this annoyance. It would begin in the early morning and continue all day without intermission, and by night I would be nearly or quite sick. I would sometimes resort to the means popularly employed for relief, such as drinking nine swallows of water without taking breath, but in spite of all my endeavors it grew on me until I felt that I was highly favored if I had an interval of three weeks between attacks.

This state of things continued until I was fourteen years old, when I overheard a neighbor lady tell of the wonderful relief her brother obtained from drinking a tea made of ginseng root, as he had been seized with the "death hiccough." I immediately obtained some of the root and commenced using it, simply chewing it at intervals, and I took particular notice that I never hiccuped once in three years following.

This was about fifty years ago, and passed from my memory in

a measure, till about five years ago something occurred that brought the matter back to mind. I obtained some of the root and prepared some of the tincture, and it has never failed me in a single instance. I use it low, either the mother tincture, in drop doses, or 2x.

In the case of children and young people a single dose is generally sufficient. Another trouble, that of indigestion, seems to yield to it very readily, probably because the hiccough is provoked sometimes by indigestion. The drug has done me good service in such cases, even though the hiccough was not present.

Cannonsburg, Mich.

ABOUT THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

CHICAGO, Nov. 20, 1902.

To the Members of the American Institute of Homœopathy:

The Executive Committee, after careful investigation and consideration, has decided that the best interests of the Institute will be served by holding the session of 1903 in the Back Bay district of the city of Boston, with the Hotel Somerset as headquarters.

This arrangement, the committee is confident, will afford the most satisfactory accommodations and the greatest facilities that it is possible to obtain. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham, and the Lenox. The Somerset is the most select non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of \$2.50 per day. The hotel offers a special table d'hôte menu of breakfast, 60 cents; luncheon, 65 cents; dinner, \$1.50. Any one or all of these meals may be taken, and only the meals taken are paid for. At the Nottingham the rates are \$1.00 per person per room, with meals à la carte, at reasonable prices. At the other hotels named first-class accommodations can be secured at prices ranging between these two, so that all preferences and all purses can be suited. The Somerset can take care of six hundred, and the six hotels named can care for an aggregate of eighteen hundred guests, which is seen to be ample for the demands of the occasion.

The Institute meetings will be held in the banquet-room of the

Hotel Somerset, which will provide a most satisfactory auditorium, with perfect acoustic properties, absolute freedom from outside noises, and ample seating capacity. In the Somerset are six desirable rooms suitable for committees and for sectional societies, while next to the hotel is a public building with still other available halls, where, also, the exhibits will be placed. The committee is convinced that the conditions in the Back Bay district of Boston are little short of ideal for one of the most pleasant, profitable and satisfactory meetings that the Institute has ever enjoyed.

The committee, in arriving at its decision, has not been unmindful of the almost universal sentiment on the part of the Institute members in favor of holding its sessions at some watering-place or other resort. But in the present instance it was found to be wholly impracticable to fulfill these conditions. Nantasket Beach, the one and only place of the character available, was found to be distinctly unsuitable. The hotels are not as inviting as they should be, and, moreover, it would be possible to overtax their capacity. They contain no proper auditorium, and meetings would have to be held in a tent erected on the lawn. For these reasons, and others equally cogent, it was found to be inexpedient to make choice of the Beach.

The session will be held the week of June 22d to 27th, 1903. The preceding week, the 15th to 20th, would have been the committee's choice but for the fact that it is "Class Day" week at Harvard, and on this occasion reservations are yearly made by all the desirable hotels, and it would, consequently, be impossible for the Institute to secure adequate accommodations. In addition to this, facilities for entertainment would be seriously curtailed, and, what is of far greater moment, public interest would be so divided that the Institute would fail to receive the recognition and attention which is a feature so much to be desired, and for which, in our annual meetings, effort is always made. Only the necessities of the occasion, as here set forth, would have induced the committee to make this variation in the date.

The committee has full confidence that the success of the Boston meeting, which may safely be predicted, will fully justify its action.

JOS. P. COBB, M. D., *President-elect.*

CH. GATCHELL, M. D., *Secretary.*

MOSTLY THEORIES, AND THOSE NOT WELL FOUNDED.

Editor Medical World: If it pleases you, will you kindly publish the following inquiries that some of your subscribers may answer them?

1. Has horse serum, previous to its being incorporated with its keeper (*Carbolic acid*, etc.), been used in order to prove that it is "it" (the serum pure) that cures diphtheria? Others and I have used "phenic acid" alone in this disease, and our cures have been as effectual as with the antitoxin of the market.

2. Since one of our "good" men has proved recently that sanitary measures have worked better in one of our largest cities to prevent small-pox than vaccination, would it not be advisable to stop compulsory vaccination and give hygiene a test in each and every locality of our land where small-pox breaks out?

3. Where can we find a "reasonable" reason to make surgically aseptic a local area where we inject "polluted" matter?

4. Since our best authorities of to-day tell us that micro-organisms have no effect upon our economy until the latter is weakened to the point where the former have their deadly influence set free, is our therapeutic adjunct in correspondence with the above theory? What would result if instead all sorts of antipyretics and antiseptics we generally use we tried to strengthen the backbone (vitality) of the patient?

5. Our physiologists of this century teach us that life is the result of the activity of the cells. But where does the "force" lie that puts the cells into activity? And when that "force" is at fault, are all the cells deranged? or but one "organ?" Are we (in disease) to treat the organ diseased as ultimate? or the "force" as a cause of disease? Can we re-establish equilibrium by removing the "effect?" or by restoring the force into its normal agency? Now, do our therapeutics aim at the organ or at the "force?" Is it the "patient" or the "organ" that is sick?

6. Since in mostly all skin diseases we see an effort of nature to throw out any deadly element present in the economy, will any one give a scientific reason for using external adjuncts to dry up the "abnormal" excretions?

7. Our drugs have been physiologically tried upon the healthy cells to know of their virtues, be they chemical or mechanical;

and have been tried "singly;" but do we have laboratory experiments to demonstrate the action of "mixtures" as a whole upon the healthy and the sick, and of single remedies when incorporated with half a dozen or more? Are we merely empirical in our practice? Is the medical age one of facts or delusions? Is polypharmacy a science?

8. We beg to set here a corollary to Question 4: Since we admit that contagion develops only in those predisposed to it, that is, in those whose vitality is lowered, in whom primarily there is disorder, derangement (not pathological yet), the germ development must be "a result not a cause." And, while the primary (disorder) and secondary (malnutrition, either general or local) conditions continue, is it possible to kill off the germicidal influence? Must we not say that susceptibility is the etiological factor in infectious diseases, and bacteria the sequelæ? Now, are we to treat the patient, his state of disorder and malnutrition, in order to cure him? or shall we simply direct our attention to the microbes?

9. Since after the death of the body bacteria develop subsequently to the formation of an alkaloidal ptomain poison, has any of our brethren proven the reverse to be true during life?

10. Is not pure blood the best germicidal agent on earth? Is it good policy to bring down the temperature in fevers when the germs are present since, as Abbott says, bacteria will grow and develop most favorably when the temperature is slightly above the normal, and become inactive as soon as the thermometer registers three, four or five degrees above normal temperature? We take exception to what is called the danger point. Then, if we must not stop heat, can we not take it away—when it reaches the danger point—by stimulating mechanically the sweat centres? Can we not increase the number of white corpuscles by stimulating the lymphatic system, thus aiding nature in killing the germs and removing their products?

11. Is serum-therapy based upon the "contraria" or the "similia" principle?

R. DEL MAS, Ph. D., M. D.

Centreville, Minn.

(Marquis of Villena.)

CASES DECLARED INCURABLE BY THE OLD SCHOOL CURED BY HOMŒOPATHIC MEDICATION.

Dr. Kaluschke, Hamburg.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Z.*,
October, 1902.

In the year 1884, induced by particular circumstances, I published some cures which might serve as a demonstration that homœopathic physicians can depend with the greatest confidence on the weapons at their disposal, the only requisite being that their patients themselves and their relatives are possessed of sufficient reason, patience and perseverance to grant the time necessary.

Since that time I might frequently have related instances, especially cases of a kind that is usually handed over to surgery, and which were cured by strict adherence to our remedies; so that I have gradually become convinced that most operations, with few exceptions, would be unnecessary if the physicians treating them should know how to rightly handle the simillima.

On the Use of Fistula.

To particularize, I may state that the dreaded fistula of the anus is, with most of my homœopathic colleagues, a *noli me tangere*, which is quickly handed over to a professor of surgery. From many years' observation of many cases of osteo-necrosis cured by myself, *i. e.*, those cases at present styled surgical tuberculosis or tuberculosis of the bones, I have concluded that all fistulas, with the exception of the so-called lachrymal fistulas, are channels which are wisely constructed with great art by the organism itself, having for an end the discharge of the pus excreted by diseased bones, and this merely because the absorption and removal of this matter by the ordinary channels is no more practicable or sufficient. Since my cure of the first case of this kind in my practice, which was effected by curing the disease of the bone itself, a large number of patients suffering from the same disease have applied to me, and I have accurate information showing that the greater number of these patients have been cured, though several of them had before that undergone one or two surgical operations. I shall here, however, communicate three cases in which even a learned

professor would have failed to indicate any practicable operative intervention.

Blindness Following Meningitis.

The first of these cases concerned a girl, Margarethe Schmidt by name, the daughter of a messenger in a counting-house in Hamburg, who will be ready to answer any question with reference to this case. That girl, then (in the year 1879) eight years of age, had been treated by me for whooping-cough, and almost immediately afterwards for meningitis. The remedies used in treating the case, *Belladonna* and *Apis*, *Mercurius* and *Hepar sulphuris*, had, according to my view at the time, done everything that could be required of them. The girl had so far recovered that I did not consider my visits any more required, and only requested the parents to keep me informed in my office hours so as to continue her treatment. Great was my surprise, therefore, when a few days later the father of the patient came to me, telling me that he believed the girl had become blind. He had first perceived this when the child had passed an object with her hand, when she was trying to seize it. Then he held a burning taper before her, and she did not follow the light, though requested to do so. I, of course, first of all, convinced myself by autopsy concerning the fact, and I had to acknowledge that it was so. I now endeavored to make clear to the parents my understanding of the case. It was plain that the meningitis had caused exudations also in the ventricles of the brain; that the absorption of these exudations had only been imperfectly effected, and that a sediment was covering the visual colliculi, and thereby making impossible the action of both the optic nerves. I encouraged them to hope that our remedies would succeed in removing this sediment deposited, and thus to free the visual colliculi and restore the visual power. I trusted, as may be seen, with considerable confidence in the action of our homœopathic remedies, and relied at the same time on the patience and perseverance of the parents. The remedies used were *Sulphur* 30, *Calcarea carbon.* and *Silicea* 30, in methodical sequence, with a pause of five days between the remedies. After several weeks, during which her state had remained unchanged, the father appeared again in my office, telling me that his wife was being overwhelmed by the reproaches of friends, relatives and neighbors, because they had not gone to an eye-specialist, but stayed their hopes on the effect of such homœopathic

"nonentities." I could here again see how our operation is frequently undermined by well-meaning neighbors, relatives and acquaintances of the parents. I repeated my views to the father, but, of course, left him free to consult an eye-specialist; but I could not help adding that such a specialist, by throwing in light on the retina, would not only be of no use, but would very likely do damage by unnecessarily irritating the retina. The parents then consulted anew, and I received the gratifying request to continue my treatment of the child, after which I continued my treatment without interruption, which was soon turned into epistolary treatment as I removed to Breslau on May 1, 1880. The first account I received in Breslau was that the girl's sight was fully restored, except a slight squint in one of the eyes. Also, this symptom had disappeared at the time the next report was sent to me, and so the cure was complete.

Although nearly as much gratified by this result as the parents, I did not make much mention of it, because I could not help thinking that the blindness might have been avoided by carefully following up my treatment of meningitis. This first case was strikingly recalled to my memory by a second case of the same ailment in 1888.

Another Case. "The Nerve is Dead," Said the Specialist.

A farmer, Rechter, by name, from Hohenraden near Pinneberg, called on me, at Hamburg, giving me the following description of his son's ailment: His boy, when one year old, had been treated by the physician of the district for inflammation of the brain; and after passing through this disease, the lamentable discovery was made that the child was totally blind. The physician had sought to comfort the parents by suggesting that the child might be taken to a blind asylum. He also suggested that they might call on a professor in Kiel, who would doubtless give them the same information. The parents, as soon as practicable, went to Kiel, and received, of course, from the professor a similar diagnosis. "When the nerve is dead," said he, "it cannot be vivified again." The physician of the district had done well to refer them to a blind asylum. Thus they were politely dismissed. That the father of the child came to me was doubtless owing to the fact that he had met in his district one of my patients, and it was certainly gratifying to me to be able to give him hope of success in view of the case before mentioned. I was then convinced

that the same methodical prescribing of the remedy indicated in the various stages of a chronic disease, which I had found useful in osteonecrosis, in polypi and other very tedious diseases, would also have its use here, so I gave him six powders marked with the numbers one to six. Nos. 1 and 4 contained *Sulphur* 30; Nos. 2 and 5, *Calcarea carb.* 30, and Nos. 3 and 6, *Hepar sulphuris calc.*

Every powder was to be dissolved in a wineglassful of water, and a teaspoonful to be taken four times a day, beginning with No. 1. After one solution was taken, a pause of four to five days was to be made, according as the solution had been used up in two or in three days, so that the sphere of operation of every powder was meant to cover a week, the patient being thus supplied with medicine for six weeks. I had intended to substitute in the next cycle of six powders *Apis* instead of *Hepar*, and later on perhaps also *Silicea*.

But none of these combinations were needed, as the farmer reported after six weeks, that the child's sight was restored. At least, it now followed with its eyes the light which he moved hither and thither in order to try it. I was prepared, indeed, for such a result, but was, nevertheless, immeasurably gratified to see my expectations realized. I was especially pleased because the specialists declared this case, and, therefore, all other cases due to the same cause, as incurable; while our medicines which they variously defame either as nonentities or as virulent poisons nevertheless show such striking results. Accordingly I continued the same remedies for another six weeks, and after another such cycle the child had fully recovered its visual powers.

The case caused much excitement in Pinneberg, and I soon afterward had quite a number of eye-cases to treat. I especially remember the case of a young man of twenty-two years, who had also become blind as an infant after inflammation of the brain. His case, however, was not to be regarded as a case of blindness so much as of manifest idiocy. I, of course, could give no hope of cure in such a case and the father did not prosecute it further.

I may yet mention a notable fact connected with the case of the child given above. The physician who had been treating it had still retained some interest in its case. * When he had to acknowledge that his prognosis had miscarried, he used the following remarkable expression: "Well, yes, in eye diseases Homœopathy may be able to do something, but in other matters it is of

no account." It would have been interesting to have heard an opinion also from the Professor in Kiel if the restored child could have been presented to him, but I had no means of securing this.

Blind and Paralyzed.

I would adduce a third and last case which was also successful. An infant boy, one year old, had also had inflammation of the brain, and had also remained blind, but in addition he was partially paralyzed. The case, I was sorry to find, was not recent, some six months having elapsed since the meningitis. The cure on this account proceeded much more slowly. I may here confess that the father of the child, in a manner, put me to shame, as he showed more patience and perseverance than I. Repeatedly I offered to give up the cure, owing to lack of success, and every time it was the father who encouraged me to at least keep on for one year. In this case the task was manifestly much more complicated, the mass of the exudate to be absorbed greater, and the part that had been inflamed more extensive. The time of one year, for which the father had pleaded, was almost full when, to our great pleasure, a favorable change showed itself, the eyes regained their visual power, and the paralysis in the sphere of the other nerve disappeared. I had in this case retained the same method as in the former cases, only varying the remedy which was contained in the third and the sixth powders. The boy is at this day a tall and well-formed youth and has ever since then had good health. His name is Föörthmann, and his residence, Appen, near Pinneberg.

With respect to the remark of the physician that Homœopathy might "perhaps" be of some use in eye diseases, I might remark that it may be questioned whether the cases in question were merely eye diseases. Is it proper to regard this kind of blindness as merely an eye disease, and not rather as a paralysis of the optic nerve, and this a consequence of the antecedent inflammation of the brain? With equal propriety paralysis in consequence of an apoplectic stroke might be viewed as a disease of the muscles and of the peripheral nerves, and not as a disease of the brain. Hahnemann was, no doubt, right in utterly rejecting curing by names and only acknowledging symptoms. In conclusion, I would ask my homœopathic colleagues with Horace:

*Si quid novisti rectius istis
Candidus imperti, si non, his utere mecum.*

But this is only addressed to my homœopathic colleagues. But I would remind the physician, mentioned above, that the hyper-orthodox members of his camp at one time emphatically declared: *Malo cum Galeno errare, quam cum Harvejo esse circulator!* The present "scientific" medicine still occupies the position of those ancient hotspurs.

MOSAIC FROM MY PRACTICE.

By Dr. H. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z.f. Hom.*, November, 1902.

Coffea.

A lady seventy-six years of age, having suffered for weeks from a sort of marasmus with great weakness of the heart, nocturnal attacks of anxiety and restlessness, asked for *Morphium* to overcome her insomnia. But I refuse on principle to give *Morphium*, but I bethought me of our better soporific, *Coffea*. Ten drops of *Coffea*, 2 D., were poured into a wineglassful of water and two teaspoonfuls given every four hours.

A few days later the daughter wrote me: "*Coffea* is acting excellently. My mother has much more rest, her appetite is good and her anxiety is gone."

What would have been the effect of *Morphium* in an affection of the heart such as there was in this case? The sleep secured thereby is a dreadful one, and often such patients confess that they would rather not sleep at all than to secure such an anxious sleep, disturbed by sudden starts and great anguish. The trouble in this case consisted of ossification of arteries of the heart.

Digitalis.

Billingroth calls foxglove the *Digitalis*-whip. Like as a horse when whipped up will work with more animation for a while, so the enfeebled heart which performs its functions less and less perfectly is violently animated by the great specific for the heart, *Digitalis*. This is effective, indeed, for a while, but then the horse gets tired out again and has to be whipped up more violently. This is done by allopaths. But when we use a low homœopathic dilution instead of the strong extract, we do a great

deal better. The medicine also should *not* be given in routine fashion steadily for days and weeks.

I myself choose the first or second decimal dilution, putting ten drops into a wineglassful of water. Every three hours, or at longer intervals, I give one teaspoonful. *Digitalis* is indicated in this way in the course of pneumonia, influenza, or in fatty degeneration of the heart, when the heart beats very quickly but feebly, and in cases of great tightness of the chest, dyspnœa, nocturnal fits of anxiety, desire for more air (open windows), frequently accompanied with œdema of the feet (insufficiency of the valves).

Kali phosphoricum and Calcarea phosphorica.

An old lady had just passed through a severe attack of influenza. When she began to recover a very disagreeable buzzing of the ears set in. As is well known, there are a number of remedies recommended for this ailment. But in such a case we must not only individualize, but also discover, the *causa morbi*, the cause of this condition. This I thought consisted in a weakness of the nerves, especially those of the auditory organs, in which case Schuessler's Nerve-salts are useful.

There are remedies which more specifically act upon the ear, such as *Cimicifuga*, *Silicea*, *Pulsatilla*, etc.; there are also some which have great influence on a weakened nervous system, especially when recovering from sickness, as *Arnica*, *China*, *Avena sativa*, etc., but everything in its place. In this case *Calcarea phosphor.* and *Kali phosphor.* proved of the greatest use, for, to the great joy of the patient and her friends, this troublesome buzzing ceased after using these remedies. They were given in the 10 D. trituration, in doses the size of a pea, three times a day, alternating the remedies daily.

Traumatic Inflammation of the Eyes.

A patient from the country came to me with reddened eyes. In spite of her great photophobia I soon discovered that there was an intense panophthalmia, *i. e.*, almost all parts of the eye participated in the inflammation. There was an inflammation of the cornea, as was manifested by the glazed appearance of the cornea (as when a window-pane is covered with condensed vapor); then the pupils were closely contracted (showing iritis, or inflammation of the iris), and, as already indicated, the conjunctiva was injected with deep red (conjunctivitis bulbi).

The patient declared that while working in a field a few days ago a stalk of grass was pushed into her left eye, though both eyes were equally affected. There was no strange body to be seen in the eye. I took up the case with some misgivings, for this was a case particularly suitable for a specialist; but still I ventured to endeavor to give relief by means of Homœopathy. I gave the woman four powders, two moistened with *Belladonna* 6 and two with *Sulphur* 6. When she should reach home she was directed to dissolve one of each kind of the powders in a tumbler containing fifty grammes of water; then she should take two teaspoonfuls every two hours, alternating with the tumblers. After the first two powders were used up she should take the other two. In case there was an improvement she should then take *Hepar sulph.* (4 D.) morning and evening, a dose the size of a pea, otherwise she should report. This was on July 13th. On the 23d I received the following report, serving to quiet my suspense: "My wife has finished the medicines; the eye—referring to the one which was supposed to have suffered a lesion—is *very much improved*. There is still a flow of tears and the rim is somewhat reddened; she can also see better; but she has still to protect the eye with a cloth when going into the open air."

This was all that could have been expected, The greatest danger was over. She continued using *Hepar* and a complete cure was effected.

China in Vertigo.

We have a long series of remedies for vertigo in Homœopathy: *Belladonna* in full blooded persons, *Rhus* with older people, *Nux vomica* in vertigo rising from the stomach, then *Conium* and *Cicuta*. This latter kind of vertigo I might describe as the Socrates vertigo, as there is a failing in the strength of the lower extremities as with Socrates when he was killed with hemlock. Schuessler's Nerve-salts, *Calcarea phosphor.* and *Kali phosphor.* also will, no doubt, remove vertigo (the so-called nervous vertigo with neurasthenic patients); but here we would describe more closely the vertigo curable with *China*.

Miss O., forty years of age, had taken a severe cold (having been thoroughly drenched by a thunderstorm); her symptoms were those of influenza. The stomach was especially affected, there was complete loss of appetite, the tongue was thickly coated

and there was headache. Her chief complaint was: *Vertigo when raising herself up*. The patient is very pale, and, indeed, is generally so. She had before this received *Calcarea carb*.

Caspari says: Pale persons should have *China*. If followed literally this advice would lead to many a disappointment. Still there is considerable truth in this saying, and a pale face may frequently become a leading symptom. *Ferrum* might also be considered in this connection, but still there is a great difference between *Iron* and *China*, and it would be a great mistake to substitute one for the other without a good reason. Nor is it a matter of indifference if we substitute *Chinin*, the active principle or so-called alkaloid of *China*.

In our case *China* alone was indicated. And even an allopath need not have shrunk back from the homœopathic "clinic" experiment. For it does not need any high unsubstantial potency; on the contrary, I give in such cases with preference the tincture itself. The patient was, therefore, given three times a day two drops of *China*, and in a few days she was freed from her vertigo and also otherwise restored. If *China* had not proved successful I had intended to give *Apis*, which was indicated by the symptom: "As if there was water in the brain (dashing about within the head)."

THE RISING TIDE OF INFAMY. .

By Henry W. Roby, M. D., Topeka, Kas.

Has any one forgotten the high tide that swept the city of Galveston, first, inland, and then out to sea? Has any one forgotten the cry of horror that went up all over the planet when the wires clicked off the words: "*Galveston Swallowed by the Sea!*" From the "calm of an undisturbed repose" it did not take long for the tide to rise and over-ride the doomed city. And some one should cry the rise of another tide that now threatens to engulf a great school of medical practice. It is out of bound and over the breakwater already. It is the tide of *Polypharmacy*.

Once our materia medica was known and lauded for its *simplicity* and *purity*. Who has not read the "*Materia Medica Pura?*" Who reads it now? Who gives us our "Guiding Symptoms" now? Hering or the Apothecary?

In the early days of Homœopathy the apothecaries sent out

their cohorts on front and flank to drive Hahnemann and his few followers from the field. But the disciples of the *minimum dose* and the *single remedy* stood their ground and won their victory, and all over the world set up their own pharmacists to serve their own people. They never thought of serving everybody else at the same time. But the desire for riches has now corrupted most of them. The almighty dollar hangs its collar on their necks and leads them forth with the promise of greater gains, the promise of parks, palaces, yachts and private cars as the reward of homœopathic undoing.

My dear reader, how many homœopathic pharmacies do you know of in these United States that do a decent, honest homœopathic business according to the two profound and cardinal principles of our materia medica, the *single remedy* and the *minimum dose*? Throw out the *dose*, as a mooted question, and still tell me how many of them offer you in all its homœopathic simplicity the *single remedy*? Look over the catalogues that come to your table and tell me what proportion of them offer you under a variety of seductive and specious terms a great array of *mixtures* and secret *nostrums* like so many other patent and secret remedy fakirs.

Recently one of the more bold, brazen and dastardly mixers and corrupters of homœopathic remedies laid on my table a big catalogue of double, triple, quadruple, quintuple and sextuple remedies, many of them antagonists and antidotes to their fellows in the combine, and urged me to buy them, saying that *many homœopathic* doctors bought them, and that he sold nearly as many of them to Eclectics and regulars as to homœopaths. And thus he disclosed the animus of corrupting our materia medica. Corrupted, he could sell to the enemies of Homœopathy and give them a club to beat our brains out with. They could say truly to all the world that there is nothing in Homœopathy but a name, as has often been said of it, that they buy their mixtures out of the same box that we do, and that therefore we are frauds when we pretend to have a finer materia medica than they have. And when we support such pharmacies in their nefarious practices, the charge becomes true and we are frauds and *particeps criminis*.

And, do you know, the situation has a legal as well as a ludicrous aspect? If a man employs you as a professed homœopathic physician to treat him or a member of his family and you give them mixed mongrel remedies, and the patient dies, you can

be held for damages in the court for not giving the kind of treatment your engagement *implied* that you would do. The courts have held over and over that when a physician holds himself out to the public as a practitioner of any particular school of practice, and is so engaged by the patient, and then gives the treatment according to the dogmas and practices of some other school, he is liable in damages for breach of contract. So it behooves every homœopathist to have a care to *either practice Homœopathy* or go over to the school whose precepts he chooses to follow.

From Hahnemann down to the latest writer on materia medica and therapeutics, can any one of them be named who gives us any such jargon and jumble of remedies as our modern pharmacists do? And why should we tolerate the polypharmacy methods of our falsely so-called homœopathic pharmacists who are corrupting and destroying for sordid gain the foundation principles of our school of practice? They are wolves in sheep's clothing, enemies in the guise of friends, dishonest at heart and frauds in practice. They pretend to be homœopathists while following hell-bent after mongrel methods of so-called *regular* pharmacy. And their only excuse is that it *pays*; that by so doing they can *sell* to all schools of practice. If they are so over-anxious to *sell* to other schools we should be decent and honest enough with ourselves and our patrons to see to it that they do *not sell* to us. They should be turned from our doors in scorn with such a lesson in honesty that they will stop the whole fraudulent proceeding. If we buy of them, we encourage the fraud and corrupt ourselves and cheat our patients. Why should we not stand honestly upon our rights and buy only of the just and honorable pharmacists of our own faith and practice?

Mr. Editor, will you as a good, decent disciple of Hahnemann, let your lance into this monstrous abscess of corruption and then disinfect and drain it to the bottom? There is work to be done along this line if we would save the splendid heritage of the fathers of our faith —*Cleveland Medical and Surgical Reporter*.

HOMŒOPATHY AS "SEEN AND HEARD."

Seen and Heard is the name of a small weekly publication by Louis N. Megargee, of Philadelphia, somewhat on the lines of Hubbard's *Philistine*. The November 12th number devotes con-

siderable space to "Hahnemann and Homœopathy," from which we quote.

Here is an inquiry apropos of the recent meeting of the Homœopathic State Medical Society of Pennsylvania:

Dear Seen and Heard: What are the fundamental principles of the practice of medicine known as Homœopathy, and wherein does it differ from so-called Allopathy? Who was Hahnemann, for whom many homœopathic institutions appear to be named? Is the practice of Homœopathy growing, and why is it, as I am told, that an allopath or "old school" physician will not approach a bedside or engage in any way in a case in which a homœopathic physician is in attendance, even though death should be the result to the patient?

An answer to these many questions—to which I have been moved by reading in newspapers about the recent homœopathic convention—will greatly oblige,

Yours truly,

W. A. S.

* * *

A complete answer to all our correspondent's inquiries would require a book bigger than Webster's Dictionary. The last inquiry has puzzled more minds than his. There is little doubt that the medical row between allopath and homœopath, which has raged for a full century, has caused the lives of many who might otherwise have been saved.

The pettiest little medical weakling, newly flourishing a certificate from the Jefferson Medical College or the University of Pennsylvania, where he has chiefly distinguished himself by his slugging abilities, would have fourteen different kinds of fits if he were asked to take part in a medical case where the most distinguished scholar in the homœopathic practice was being consulted.

Perish the patient first!

* * *

As to the difference in the methods of treatment of the two schools, it can briefly be said that they are as that between day and night. The homœopath believes in what appear to be ridiculously diluted medicinal doses, and that "like cures like," his shibboleth being "*similia similibus curantur*."

The allopath laughs at all this and declares for more vigorous treatment in wresting victory from disease.

* * *

To satisfy our correspondent's curiosity as to the fundamental principles of Homœopathy, the narrator cannot do better than

quote from a Dublin physician, Samuel Stratten, who as far back as 1833 wrote a preface to the first British edition of Hahnemann's most famous work, the "Organon of Homœopathic Medicine," the fourth American edition being printed with a prefatory indorsement by Dr. Constantine Hering, of Philadelphia, and among other things he said:

"An accidental interview with a Russian physician in the year 1828 made me acquainted for the first time with the medical doctrine of Homœopathy, the principle of which is that certain medicines, when administered internally in a healthy state of the system, produce certain effects, and that the same medicines are to be used when symptoms similar to those which they give rise to occur in disease. The doctrine, directly opposite to that which hitherto formed the basis of medical practice in many countries, attracted my attention. I immediately procured Hahnemann's 'Materia Medica Pura,' in which the doctrine is partially explained, with the view of investigating the system experimentally and reporting my observations thereon, free from theory, prejudice or party. The first inquiry was whether the proposition *similia similibus curantur* was true. This investigation was confined to a single substance at a time.

"To ascertain the effects of *Sulphate of quinine*, healthy individuals were selected, to whom grain doses of the medicine were administered three times a day. After using it for some days, stomach sickness, loss of appetite, a sense of cold along the course of the spine, rigor, heat of the skin and general perspiration succeeded. Effects similar to these are often observed when this medicine is injudiciously selected in the treatment of disease. It sometimes happens that the symptoms of ague are aggravated by the prolonged use of *Sulphate of quinia*, and, soon after it is withdrawn, the disease gradually subsides. The result of experiments and observations on this remedy elucidate its homœopathic action.

* * *

"Mercurial preparations, when administered internally, produce symptoms local and constitutional so closely resembling the poison of lues venera that medical practitioners who have spent many years in such investigation find it very difficult—nay, in some instances, impossible (guided by appearances)—to distinguish one disease from the other. Of all the medicines used in the treatment of lues, *Mercury* is the only one that has stood the test of time and experience. Let us, then, compare the effects of the disease with those of *Mercury*. The disease produces on the

skin pustules, scales and tubercles. *Mercury* produces directly the same conditions of the skin. The disease excites inflammation of the periosteum and caries of the bones. *Mercury* does the same. Inflammation of the iris from lues is an everyday occurrence. Ulceration of the throat is a common symptom in the disease; the same affection results from *Mercury*.

* * *

"*Nitric acid* is generally recommended in cutaneous diseases; the internal use of this remedy, in a very dilute form, produces scaly eruptions over the surface of the body, and the external application of a solution, in the proportion of one part acid to one hundred and twenty-eight parts water, will produce inflammation and ulceration of the skin. These observations would lead to the conclusion that *Nitric acid* cures cutaneous diseases by the faculty it possesses of producing a similar disease of the skin. The ordinary effects of *Hyoscyamus niger* are vertigo, delirium, stupefaction and somnolency. Where one or other of these diseased states exists it yields to small doses of the tincture of this plant. The internal use of *Hyoscyamus* is followed by mental aberration, the leading features of which are jealousy and irascibility. When these hallucinations exist this remedy is indicated. *Opium*, in general, causes drowsiness, torpor and deep sleep, and yet this remedy, in small doses, removes these symptoms when they occur in disease. *Sulphur* is a specific against itch, notwithstanding which, when it is administered to healthy individuals, it frequently excites a pustular eruption resembling itch in every particular.

* * *

"These observations corroborate the statements of Dr. Constantine Hering as to the value and importance of Homœopathy.

"On the subject of small doses of medicines, a few observations will suffice:

"A mixture composed of one drop of *Hydrocyanic acid* and eight ounces of water, administered in a drachm dose, has produced vertigo and anxious breathing. Vomiting has followed the use of the sixteenth of a grain of tartar emetic; narcotism, the twentieth of a grain of muriate of morphia, and spirit of ammonia, in doses of one drop, acts on the system as a stimulant.

"On the homœopathic attenuation of medicines many are skeptical and presume that the quantity of the article extant in the dose cannot produce a medicinal effect. I refer to the pages of Hahnemann's *Organon* for an elucidation of this proposition,

and will relate an experiment which may serve to explain the degree of dilution substances are capable of. One grain of nitrate of silver being dissolved in 1,560 grains of distilled water, to which were added two grains of muriatic acid, a gray precipitate of chloride of silver was evident in every part of the liquor. One grain of iodine dissolved in a drachm of alcohol and mixed with the same quantity of water as in the preceding experiment, to which were added two grains of starch dissolved in an ounce of water, caused an evident blue tint in the solution. In these experiments the grain of the nitrate of silver and iodine must have been divided into 1-15,360 of a grain."

BOOK NOTICES.

The Medical Epitome Series.—Genito-Urinary and Venereal Diseases. A Manual for Students and Practitioner. By Louis E. Schmidt, M. Sc., M. D. Series edited by V. C. Pettersen, A. M., M. D. Illustrated with 21 engravings, 249 pages, cloth. \$1.00 net. Lea Brothers & Co., Philadelphia and New York.

This is the beginning of a series of small works designed to "authoritatively cover their respective subjects in all essentials." The series will be edited by Dr. Pedersen, of the Columbia University. Each section of the present work concludes with a series of questions covering its matter and forming an excellent quiz.

The Medical Epitome Series, *Diseases of the Skin.* A Manual for Students and Practitioners. By Alfred Schalek, M. D. Edited by V. C. Pedersen. Illustrated by thirty-four engravings. 225 pages. Cloth. \$1.00, net. Lea Brothers & Co.

This is a clear cut epitome of skin diseases, containing all the cardinal facts of dermatology as at present accepted. This, we believe, is the second number of the Epitome series.

The Physician's Visiting List for 1903. Fifty-second year of its publication. Philadelphia. P. Blakiston's Son & Co. \$1.00.

As regularly as the new year comes around comes Blakiston's elegant little visiting list.

A Text-book of Clinical Medicine. The Principles of Diagnosis. By Clarence Bartlett, M. D., Professor of Clinical Medicine and Associate Professor of Medicine in the Hahnemann Medical College of Philadelphia. Senior Neurologist to the Hahnemann Hospital, etc., etc. With 245 illustrations, including six colored plates. 976 pages. Cloth, \$7.00. Half morocco, \$8.00. Expressage extra. Philadelphia: Boericke & Tafel. 1902.

It will be admitted, we believe, by all who see this book that a finer one so far as paper, press work, binding and general style goes was never issued by the medical press, and the contents fully justify the elegant setting. Diagnosis is becoming more and more important every year to the professors of medicine, and suits for damages against physicians are increasing, based on "an error in diagnosis"—unjust. but that is the fact. In view of this, to say nothing of the benefits in other respects, it behooves the medical profession to be up-to-date on diagnosis, and Bartlett's *Diagnosis*, as it is well termed doubtless, is *the* book on the subject regardless of "school" or author. Dr. Bartlett prepared the "copy" for Farrington's *Clinical Materia Medica* from stenographic notes taken by himself; later, he wrote the large section in Goodno's *Practice* on nervous diseases, and now he is out with the crowning work of his life—crowning at least up to present moment. It is a work that all *need*.

Manual of Urinary Analysis, Containing a Systematic Course in Didactic and Laboratory Instruction for Students. Together with Reference Tables and Clinical Data for Practitioners. By Clifford Mitchell, A. B., M. D., Professor of Renal Diseases in the Chicago Homœopathic Medical College. 363 pages. \$2.00; by mail, \$2.12. Third edition. Illustrated. Philadelphia: Boericke & Tafel. 1902.

That a third edition of Dr. Mitchell's work on Urinary Analysis should be called for speaks in stronger terms for the value of the book than any words we could pen. The book is original in so far as all the matter it contains has been personally and repeatedly verified by the author. The book is divided into fifty chapters, covering every possible condition of the urine. A valuable reference book.

Diseases of the Skin, their Symptomatology, Etiology and Diagnosis with Special Reference to Principles of Treatment, Including full Indications for Drug Remedies. By Henry M. Dearborn, M. D., Professor of Dermatology, New York Homœopathic Medical College and Hospital; Professor of Principles of Medicine and Clinical Professor of Dermatology New York Medical College and Hospital for Women; Visiting Physician to the Metropolitan Hospital; Dermatologist to the Laura Franklin Hospital for Children; Consulting Dermatologist to the Flower Hospital, to the Hospital of the New York Medical College and Hospital for Women and to St. Mary's Hospital (Passaic, N. J.). Illustrated. 834 pages. Cloth, \$5 50. New York: Boericke & Runyon. 1902.

Dr. Dearborn's standing and reputation among homœopaths is a guarantee for the excellence of the matter in this handsome book on skin diseases. The work is quite profusely illustrated with original black and white plates of cases of the various diseases.

Regional Minor Surgery. Describing the Treatment of those Conditions Daily Encountered by the General Practitioner. By George Gray Van Schaick, M. D. 226 pages. Cloth, \$1.50. Published by the International Journal of Surgery Co., 100 William St., New York.

A work on minor surgery. Frankly, we think the publishers of such a work make a mistake in bringing out a book of this character in so poor a dress—paper, type, press work and binding are inferior.

A Blunder in Poisons. By C. F. Nichols, M. D. 65 pages. Paper, 25 cents.

For all that is said on the title page one would not know where to send for this pamphlet if he wanted it. The author is Dr. C. F. Nichols, Hotel Pelham, Boston, Mass. The pamphlet is a strong protest against vaccination, which is said to have caused more physical degeneration in the human race than any other one cause, and which is kept alive by ignorance, lust of power and gain. If you want about the strongest document against the practice, or want to investigate what the opponents of vaccination have to say by all means get a copy.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

EDITORIAL BREVITIES.

ANOTHER RICHMOND IN THE FIELD.—Our esteemed Professor Munyon has a new rival in his especial field, and a homœopathic pharmacy one, too. The new "Munyon," let us say, goes the old several better, for he has no less than 100 compound tablets for the "cure" of 100 ills. Among them we notice a "Bone-tissue Tablet," an "Aphrodisiac Tablet" (O, Munyon, where art thou!), a "Salt Rheum Tablet" (Shades of the past! Munyon, why didn't you think of it?), a "Complexion Tablet" (Think of the science involved in that!), a "Heart Stimulant Tablet," and many more equally curious, and all offered to the public at the uniform price of 50 cents per bottle of 250 tablets, in the name of Homœopathy.

EXAMINING BOARDS.—Gentle reader, suppose you were seated before the examiners and found the following questions confronting you: "Define cryoscopy." "Describe Hanot's disease of the liver." "Define pollakiuria." What would happen? That is what the California men struck at last examination. Very naturally the men subject to these "examinations" say they are not practical, nor are they fair.

A HELODERMA SENSATION.—The *Philadelphia Record* and the *Record-Herald*, of Chicago, have evidently got hold of a copy of *New, Old and Forgotten Remedies*, and made a great ado over *Heloderma horridus*. Homœopathy is not mentioned, but the reporter puts it in this way: "For it is a pretty generally recognized rule in medicine that the aches and pains which a drug produces in a well person are those which it will dispel in a sick person, and Dr. Boocock, therefore, was wise to test in this way *Heloderma horridus*, as the new drug is called, for he knew the harm it would do him would define the harm it would cure in others." The reporter says of the *Heloderma* that on account of

its "sensational success" "it fetches \$5.00 a drachm and is scarce even at that figure." All which is news indeed.

THE PEPSIN FAD.—*Medical Summary* for November says of pepsin: "It is amazing that a drug so extensively used for so many years should be so little understood. Profession and laity 'have faith in it' and use it indiscriminately for 'stomach trouble' The ignorant credulity of the laity is pardonable; not so that of the profession, for the man of scientific training has no right to 'have faith' unless *he knows* or has a plausible theory." He asserts that pepsin even *retards* the digestion of albuminoids, while, as alcohol destroys it, "wine of pepsin is a therapeutic joke." There seems to be nothing stable in medicine but Homœopathy.

IS IT DONE?—In a paper on "The Complications of Vaccination"—and the list given is a formidable one—Dr. G. Colcott Fox (*British Medical Journal*, July 5th) says that "there is little danger of inoculation of tuberculosis because lymph from a calf should not be used until the animal has been killed and proved to be free from tuberculosis."

A SYMPTOM GONE GLIMMERING.—In the *Clinique* for November Dr. B. F. Laird asserts that the well-known symptom of *Abies nigra* "sensation of an undigested hard-boiled egg in the stomach," has "'Waterloosed' many a good prescriber." But you can safely rely on "flatulence," "low-spirited, melancholy," "loss of appetite in the morning" (frequently attendant on tobacco, coffee and tea users), "pain after hearty meal" and "constipation," as leaders to *Abies nigra*. He also says that the expectoration of *bright red blood* in pneumonia is a sheet-anchor indication for *Ferrum phos*.

HOW TO BECOME A GOOD SPECIALIST.—"In all seriousness, and with due consideration for all concerned, I do think that specialists should be men who have had at least ten years of active practice, preferably all-round country practice, such a general practice as rounds a man full and plump, thereby guarding against narrowing into a groove and becoming a one-legged man."—*Dr. D. L. Walmsey in Detroit Medical Journal*.

\$100.00 OFFER. TRY FOR IT.—Our esteemed and energetic contemporary, the *Medical Century*, is out with the offer of a prize of \$100. cash for an essay on the subject of, "Why Students of Medicine should select the Homœopathic School," the said essay to be of about 10,000 words in length and competition to close on

March 1st, when the essays will be referred to a committee appointed by the President of the American Institute, for decision. This is a move in the right direction. Homœopathy has need of just such work; our forefathers in the school were ever industrious in promulgating the cause of Homœopathy and there is no less need of it at present than in the past. We trust that our readers may compete for the prize, not so much for itself as for the great good that will be accomplished thereby. A good article and pamphlet on the subject of the essay will prove of incalculable use as an enlightener of prospective medical students and will set many to thinking of the homœopathic system, and that is its sole aim.

SCIENTIFIC.—“If a man is ‘scientific’ it does not make much difference what he says or does; he is all right. His fellows will be sure to flock around and support him if he announces his claims aggressively, because, otherwise, they might be considered ‘unscientific.’ Perish the thought!”—*Medical Brief*.

“SOMETHING BETTER.”—A recent convert to homeopathic methods had been given a vial of No. 30 pellets, Hepar 200, for the hoarse night cough of her children. She was much pleased with the change of treatment. When the pellets were used she went into a certain homeopathic pharmacy to have it renewed, and was given “something better” labelled “Combination Tablets, Coughs and Colds:

Codein 2x.

Sanguinaria 2x.

Tart. Emetic 3x.

Two or three tablets every hour or two.”

But it did not work like the little pills. The mixture of the pharmacist was a failure; the convert learned there were many kinds of homœopaths. It was so like the mixtures she had formerly used that she was tempted to return to her former treatment. Is the pharmacist wholly to blame? Would he manufacture them if he did not sell them? Is it honest work for either physician to use or pharmacy to manufacture such mixtures and then call them homœopathic? Can the physician who wants pure and reliable remedies depend upon getting them in such a pharmacy? Does it pay to run such a risk when a life is at stake? We think not. Better pay a little more and be sure it is genuine.—*Medical Advance*.

GUNTHER'S GOITRÉ REMEDY.—We are indebted to Dr. Chas. W. Morse, Salem, Mass., for the following letter from a patient

who was using the old prescription of Gunther, found in German homœopathic domestics.

Cooper's Mills, Me., Nov. 21, 1902.

Dear Sir: Will you send me some more powder for goitre? I am feeling fine and weigh 120, where I weighed only 100 when I got up from measles. The bunch in my neck is getting smaller all the time. I have taken the powders up to this week and am on the week to skip them, so will you please send me the powder so I can get them to take when the week is up by Saturday, and oblige,

MRS. — — —.

BETTER THAN AN OPERATION. — This from *Medical Times* for December:

"Cohnheim reports 11 cases of stenosis of pylorus and duodenum in which *Olive oil* was tried as a last resort. Immediately after rising in the morning the patient took about 100 to 150 cubic centimeters of warmed *Olive oil*, and then reclined on the right side for 15 to 20 minutes. Food was not permitted until one hour afterward. If the pain persisted, 50 cubic centimeters were taken before retiring. There was no nausea or diarrhœa, and all repugnance to the oil rapidly disappeared. All discomfort, cramps and stagnation was relieved. Some of his patients took 50 cubic centimeters of oil one hour before eating, or it was introduced through a sound. The *Olive oil* arrests pain and friction and also is a food. Furthermore, the author finds that it makes surgical interference unnecessary in many cases, even where there is gastrectasia. It is entirely devoid of any action in nervous or hysterical stomach cramps. It is especially effectual in relieving cicatricial stenosis of the pylorus and duodenum. Here its action is a purely mechanical one, as it simply lessens friction. Cases of relative stenosis manifested by continuous hypersecretion and pyloric spasm a few hours after eating are also much improved and often cured by this treatment. He advises a trial before consenting to an operation, as all his cases were of the kind usually considered hopeless."

PERSONAL MENTION.

Dr. J. Nelson Ricardo has been appointed Assistant Pathologist to Manhattan Hospital, Blackwell Island. Dr. Ricardo's office is at 223 W. 135th St., New York City.

After three months spent at Lake Mohawk, where he had one

of the best seasons ever known, Dr. E. P. Swift has returned to his city office at 170 W. 88th St., New York City, to resume his extensive winter practice.

Dr. Homer C. Brigham spent the summer at Mt. Pelier, Vermont. He has returned to his city practice, and is located at "The Barnard," 107 Central Park West, corner of 71st St., New York City. Dr. Brigham is the son of Dr. G. N. Brigham, the author of *Phthisis Pulmonalis* published in 1882 by Boericke & Tafel, an excellent work on the homœopathic treatment of consumption.

Dr. A. W. Woodward, of Chicago, departed this life on November 16th. He was one of the founders of the Chicago Homœopathic College, and retained the chair of Materia Medica up to the day of his death. His book, *Constitutional Therapeutics*, at present running through the press, is the result of twenty years' labor, though not a large work, and he looked to it to start a new era in homœopathic prescribing, and we are not so sure but what he was right. The book is, or will be when published, highly interesting reading.

Dr. C. L. Duffield Clayton removed to Salem, N. J.

Dr. H. B. Esmond has changed his address from West Fairlee to Putney, Vt.

Dr. Lawson, of Hoopstad, Orange Free State, served throughout the entire South African war as Chief Medical Officer under De Wet. "Believe me," he writes in a business letter to Boericke & Tafel, "it was not an easy situation," as "we were hunted by day and night by moving English columns." "My surgery, drugs and library are destroyed and the money I buried in my garden was found and taken." We hope, and, indeed, feel sure, that better days are dawning for Dr. Lawson, and his fellow countrymen.

Dr. A. B. Norton, ex-president of the American Institute of Homœopathy, and, incidentally, author of the best medical work on the eye extant, is now numbered among the contributors to that most exclusive and select journal, the *Atlantic Monthly*—November number.

Dr. O. S. Haines, as per lectures reported by the *Hahnemannian Institute*, is giving the Hahnemann Medical College boys, of Philadelphia, sound and straight Homœopathy.

Dr. A. K. Rannefeld has changed his location from Holyoke to 349 Spring St., West Hoboken, N. J.

Emporia, Kansas, boasts of a very representative list of homœopathic doctors, who do the cream of the business in the city, Drs. Higgins, King, Ellsworth and Yingling being located there.

The Hering-Dunham College, of Chicago, has secured Rev. Dr. H. Straten to take the chair of Pharmacy. Prof. Straten gave his opening lecture in this college, recently, and was enthusiastically applauded. The college is to be congratulated on securing so able a teacher.

Fargo, N. D., has in Dr. J. W. Vidal one of the best surgeons in the country. Dr. Vidal maintains a private surgical and medical hospital, which is always filled to the limit.

Dr. Clarence L. Putnam, of Fargo, N. D., was recently appointed head of the Musical Department of the State Agricultural School, located at Fargo. Dr. Putnam is a leader in his profession of medicine as well as of music.

Dr. Arthur Peake, Health Officer of Valley City, N. D., is about to build a private hospital, to which he will bring his out of town patients. This will save the doctor many long and hard drives. He expects to have his brother, Dr. F. Peake, now of Alexandria, Minn., associated with him.

Butte, Montana, "the biggest mining camp in the world," although built on desert land, is supporting (and ably, too) some representative homœopathic doctors, among them being Drs. Norcross & Cowperthwaite, W. B. Haviland and F. Gattan.

Dr. W. S. Glasgow, of the class of 1901, Hering-Dunham College, is proving to Missoula, Montana, people that there is something in genuine Homœopathy.

Dr. W. W. Misner, of Tacoma, Wash., has accepted an appointment as surgeon to a big steamship line, plying between California ports and the orient. He will shortly start on a long cruise.

The class of '84, Medical College, at Cincinnati, will be pleased to learn of the splendid success of Dr. Frank R. Hill, who located in Tacoma, Wash., some years ago. The doctor stands at the top of the medical profession in his city and has acquired large real estate interests there.

Dr. A. B. Palmer, of the firm of Drs. Burkhart & Palmer, the leading dentists of Seattle, Wash., is a firm believer in Hahnemann's law of cure, and prescribes homœopathic remedies daily in his work. He will report some cases to the RECORDER ere long.

Dr. G. S. Eshelman, formerly of The Dalles Oreg., has located in Salem, that State. The doctor has a promising field for his work and will be a very acceptable man to the large homœopathic element in that city.

Santa Barbara, Calif., one of the most delightful places in Southern California, would be a splendid place for eastern homœopaths to send certain patients who cannot stand the severe weather. The temperature never falls below 60° or goes above 90°. Such patients would be in good hands if referred to Drs. Stambach, E. F. Balch or F. B. Foster.

Dr. W. A. Boyd, late of Rockford, Ill., has located in Los Angeles, Calif., and will soon open a sanitarium.

Visitors to San Diego, Calif., will find many able homœopathic practitioners located there. Among them are the Drs. Lewis, Morgan, Bailey, Foster, Grove, and Pohlemus.

Drs. Colburn and Peebles, of Los Angeles, are conducting a Homœopathic Sanitarium and Hospital in their city. Dr. Colburn is doing considerable experimental work with the nosodes and will eventually give the result of his work to the profession.

Dr. W. A. Yingling, author of *Accoucher's Emergency Manual*, is now located at Emporia, Kas., where he practices Hahnemannian Homœopathy with great success.

Dr. and Mrs. R. L. Stine, of Los Angeles, Calif., are now living in their new home, corner of Sixteenth and Toberman streets. The Doctor is thoroughly wedded to California and says nothing could induce him to live in his former home at South Bend, Ind.

Drs. J. and Eva Lewis have returned to their large and successful practice at San Diego, Calif., after an extended trip abroad.

Dr. J. H. Kirkpatrick, of Los Angeles, Cal., has, since his father's death (the late Dr. John C. Kirkpatrick), taken a joint suit of offices with Dr. E. G. Manning.

Dr. S. S. Salisbury, who practiced some years ago at Washington C. H., Ohio, has been for the last twenty years in Los Angeles, Calif., where he is a leader among the homœopaths.

Dr. W. J. Hawkes has removed his residence from Pasadena to Los Angeles, still retaining his offices in the Laughlin building, in Los Angeles. He has associated with him Dr. Cheney, who is quite a successful rectal surgeon. Dr. Hawkes has been a power in the advancement of genuine homœopathy on the Pacific coast.

PERSONAL.

Dr. Plympton certainly worked it in great shape, as about 100 medical journals published his original paper on "Septicæmia and the Curette."

London *Lancet* says the crest of the antitoxin wave has passed, and that it will soon be among the things of the past.

WANTED A good homœopathic physician who wishes to buy a good homœopathic practice in one of New Jersey's most beautiful towns. A rare chance for the right man. Address, M. R., P. O. Box 921, care of HOMŒOPATHIC RECORDER, Philadelphia, Pa.

Lean on me, said the kind-hearted porcupine to the fainting man.

"Type-writer ribbons" may be defined in two quite different ways.

No, Mary, house-keeping in a light-house is not necessarily light house-keeping, and yet it is light-house keeping.

Life says education ends in Newport or Sing Sing.

One chappie boasted that he had taught Mabel to swim in two lessons; his companion remarked that it took him ten lessons to teach her.

Man said his poems would not be published until after his death, and his friends said to him, "LONG life to you!"

Mrs. Gaswell took her daughters to Europe to have their portraits painted by "the best old masters."

A short cut to wealth, like most other short cuts, is over some other fellow's property.

Herbert Spencer has come out in his last book as a strong anti-vaccinationist, much to the scandalization of the orthodox.

No, Mary, we do not know where the light goes when it goes out.

Every move on the antitoxin chess-board is toward larger doses.

And now Behring is inoculating cows with "bouillion cultures of human tubercle bacilli" to immunize them. Clean stables and good food would do the trick, but unscientifically.

A scientific man says our chances of death from catching consumption are "one in five" as compared with other causes. And the unscientific thinks, O, Judge! It is as with the cows.

Man's view of the "trust" question depends on whether he is a stockholder or not.

"For if Hohn is correct, the potentiality of erysipelas exists in all vaccinal lymph."—*Medical Times*.

"They" are working on a "scarlet fever serum," but the wise man will stick to *Belladonna*, etc.

“Their Medicines are the Best.”

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Homœopathic Pharmacists, Importers and Publishers,

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CHICAGO, 44 East Madison St.

PITTSBURGH, 627 Smithfield St.

BALTIMORE, 228 North Howard St.

CINCINNATI, 204 West 4th St.

Business Established in 1835.



An Ohio physician in ordering some Sub Nitrate of Bismuth cerate of Boericke & Tafel said: “It acted finely in a case of severe pruritus of the vulva in one of my patients.”

Full many a gem of purest ray serene
The dark unfathom'd caves of ocean bear,
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air.

And so it is with many a good remedy—overlooked, forgotten. *New, Old and Forgotten Remedies* is a brave attempt to rescue some of these from an undeserved oblivion. It is a book that is unique. Nearly one hundred remedies are given space and what is said of them is in the words of the man who discovered them. A Clinical Index enables one to see at a glance what remedies are given for the various diseases and to select a *new* remedy should the old ones fail. We doubt if anyone will be disappointed in this interesting book.

Dr. Oliver Sloan Haines writes of *Practical Medicine*: "I think Dr. Lawrence has been very successful in presenting much essential matter in a brief, clear and entertaining manner."

In acute diseases to repair the excessive losses incurred by the combustions of the febrile process, nutrients are indicated; and clinical experience has demonstrated that PROTEILINE, containing as it does, all the elements of nutrition, is the ideal food. A tablespoonful of PROTEILINE can and will be retained where a few drops of concentrated food is rejected.

"If all my library were burned, the first thing I would do would be to get another copy of Gatchell's 'Pocket-Book.' It is a whole medical library in miniature."—*Dr. E. W. Boardman (Parsons, Kans.)*.

"I am finding your food all and more than you claim for it. Am trying it with an infant with fine success. We tried nearly every food on the market but found nothing that the child would assimilate until it occurred to me to use PERFECTION LIQUID FOOD."—*A. E. Goddard, M. D., Central Block, Lowell, Mass.*

Cancer toxins for the various types of carcinoma, epithelioma and sarcoma are supplied to members of the profession by Dr. P. J. McCourt, 233 West 23d Street, New York. Even in the last stages of hopeless cases, these toxins have rapidly subdued pain, fœtor and insomnia, improved the general health and prolonged life.—See *Medical Review of Reviews*, November, 1899, and February, 1900.

If you want the Homœopathic Materia Medica in its purity and completeness, and surely every physician should have such a book, get Allen's *Hand-Book*, the best in the world. See page XIII.

The following concise statement from Dr. W. B. Morford, No. 1521 Tasker street, Philadelphia, is worthy of note. He says: "I find antikamnia in combination with codeine, to be almost a specific in the coughs of phthisis. In a recent case of 'old-fashioned' or catarrhal consumption I obtained most satisfactory relief for the patient, from a most distressing cough, with Anti-kamnia and Codeine Tablets."

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Anyone who wants to practice pure Homœopathy will be immensely aided by having a copy of Allen's *Hand-book of Materia Medica and Homœopathic Therapeutics* on his desk for daily reference. And its companion volume should be Allen's *Bänninghausen's Therapeutic Pocket-Book*, which is practically a therapeutic index to the *Hand-book*. Familiarity with these two books is a long step towards true homœopathic prescribing.

Of Lawrence's *Practical Medicine* the *Cleveland Reporter* says: "Its striking feature is the clearness with which are detailed methods of examination. Tests of bile, stomach contents, fæces, blood, urine, etc., are exceptionally full and at the same time simple and easy to do. His description of methods of blood count is also very good."

Let us give a medical twist to Tennyson's "Brook" and say that, judging from indications, Foods may come and Foods may go, but PERFECTION LIQUID FOOD will go on forever.

"Gatchell's 'Pocket-Book' is a condensed store-house of medical facts."—Dr. S. G. A. Brown (Shippensburg, Pa.).

|| Dr. Alfred W. Baily, of Atlantic City, N. J., says of *Proteiline*: "That he considers it an excellent tissue builder, and that it saved the life of an infant five months old this past summer, suffering with *marasmus*, when everything else failed.

■ Boericke & Tafel have published a new *Book Catalogue* embracing all their publications down to the first of January. It is to be had for the asking. They will also shortly have out a new edition of their *Physician's Price Current*.

■ If you are interested in the "Tissue Remedies," *by all means* buy Schuessler's own book on the subject. This is only fair, because these remedies, owing to the clearness of their indications, the ease with which they may be learned, together with their wide application, have made them an especial prey for fakirs; and those who seek to spread the belief that the remedies are "prepared only by" Fakir, etc., etc., etc. Read Dr. Schuessler's own book, *An Abridged Therapy* (from 25th German edition), and you will then have a clear idea of these remedies and how to use them without quack skulduggery.

If anyone wants to know about the use of the nosodes, Dr. Allen's *Keynotes and Characteristics* is the only book containing them all and in detail.

"In grippal cough, laryngitis and bronchitis, *Antikamnia* is indicated for two reasons: First, because of its absolute power over pain, at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system."

Another book that will not disappoint you is *New, Old and Forgotten Remedies*—remedies not to be found in the *Materia Medica*. Interesting and *very* useful at times.

Cancer toxins for the various types of carcinoma, epithelioma and sarcoma are supplied to members of the profession by Dr. P. J. McCourt, 233 West 23d Street, New York. Even in the last stages of hopeless cases, these toxins have rapidly subdued pain, fœtor and insomnia, improved the general health and prolonged life.—See *Medical Review of Reviews*, November, 1899, and February, 1900.

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Some physicians have presumed that the cementing of the bottles was an indication that Perfection Liquid Food was liable to spoil, and indeed it was with some fear of this evil, coupled with a like result with the former production, that lead to this unnecessary precaution. Nearly two years experimenting has, however, demonstrated that “Stronger” P. L. F. will not be affected by any climate, and that it does not even require over-careful corking, though that is always wise, and has further proven that the food actually *improves with age*. One shipment to Mississippi instead of Wisconsin, as ordered, was delayed at the former place during an entire warm summer and so roughly handled at the freight station as to have all the corks in two cases jarred from the bottle-necks. On arriving at Wisconsin it was, of course, condemned as unsaleable and returned to Philadelphia, where it was thoroughly tested and put to further trial of the same nature and has been found to be indeed “*Perfection Liquid Food*.”

“Gatchell’s ‘Pocket Book’ is a marvel. Never was ‘multum in parvo’ so well exemplified. I do not see how any physician

can be without it. The author deserves the gratitude of the profession."—*Dr. J. Lester Keep (Brooklyn, New York).*

CATS. How to Care for Them in Health and Treat Them When Ill.—By Edith K. Neel.—Boericke & Tafel, Philadelphia. Since cats have assumed such dignity in the literature of the day, it behooves all cat lovers to study the symptoms of the ailments to which they are subject and the remedies for them. Miss Neel's little manual gives a number of useful hints both for prevention and care.—*Public Ledger, Philadelphia.*

Malaria is the vegetable *Pyrogen* and well worth knowing, especially in chronic cases, rheumatism, malaria and its lingering effects. *New, Old and Forgotten Remedies* gives full particulars. A 386 octavo page book selling for \$2.00. It takes up the work begun by Hale and continued through five editions of his *New Remedies*. This book supplements his work.

PRACTICAL HOMŒOPATHIC THERAPEUTICS.

Nothing so well describes the character of this valuable work as the title "Practical Homœopathic Therapeutics," because it is so essentially practical in every sense of the word. It is also, we are glad to say, distinctively Homœopathic—something not so very common among our authors in these modern days, and therefore worthy of particular mention. The preface says, "*It differs from the works on the practice of Medicine in that it is exclusively devoted to Homœopathy, and from works on Materia Medica, as it treats only of therapeutics*"

Such a work from such a writer will at once arrest professional attention. It has recently been said that "What Homœopathy needs is more Homœopathy," and Dr. Dewey has fully met the conditions in this book. Without discussing the etiology, clinical history or pathology of diseases, he at once proceeds to their *Homœopathic* treatment, and this is done in such a masterly manner, and with such clear cut, comprehensive indications for his remedies, as to command every reader's admiration.

The arrangement is simple and especially adapted to quick and ready reference. For the youngest beginner and the oldest veteran in our ranks this work will be found equally valuable as a guide to pure homœopathic therapeutics.

The book is handsomely bound and printed after the well known methods of Boericke & Tafel, and we take pleasure in recommending it to the whole profession.—*The Critique.*

Cancer toxins for the various types of carcinoma, epithelioma and sarcoma are supplied to members of the profession by Dr. P. J. McCourt, 233 West 23d Street, New York. Even in the last stages of hopeless cases, these toxins have rapidly subdued pain, fœtor and insomnia, improved the general health and prolonged life.—See *Medical Review of Reviews*, November, 1899, and February, 1900.

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“Gatchell's ‘Pocket-Book’ is the most complete work of its kind extant. It is authority with me.”—Dr. J. W. Means (Troy, O.).

In reporting his experience in the treatment of sciatica, Fred. E. Davis, M. D., of Brookside, Ala., writes as follows in *Annals*

of *Gynæcology*: "I have been giving antikamnia and heroin tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed."

The London *Monthly Homœopathic Review* for March devotes nearly three pages to a favorable review of *Practical Medicine* by Lawrence. If you want to be "up with the times" you should add this book to your library. It is not a book on therapeutics but on the reading of diseases and their signs and modern methods of diagnosis, etc., etc.

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This is significant. In a paper read before the New York Homœopathic County Society by Dr. B. G. Clark, and printed in *Medical Century*, we find the following: “There seems to be a difference in the value of a decoction of Apocynum. Some two weeks ago I left a 4 oz. bottle with a patient, with directions for her to take a teaspoonful three times a day; she did so for five days without any benefit. I sent a bottle to her at this time from Boericke & Tafel. The taste was so much better she commenced taking it with material benefit.” The difference is that Boericke & Tafel make theirs from the fresh plant—the other pharmacy didn’t. And if doctors did but realize it, the same parallel runs through hundreds of other drugs. Boericke & Tafel send out competent men, gather the fresh plants and the *right* plants, and the result is strictly accurate tinctures. Other houses with no facilities, no botanists, no storage room, will, nevertheless, supply you with all the “fresh” plant tinctures you want and at lower rates. How do they do it? Oh, send an order to the wholesale drug house for so many quarts of fluid extracts, doctor them up, and—there you are; and yet there are physicians blind enough to

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Ophthalmic Diseases and Therapeutics. By A. B. Norton, M. D. Norton's work on the diseases of the eye, of which the first edition was published in 1892, has always been in favor with the profession as an intelligent, practical treatise on the specialty with which it deals and as a safe guide for the selection of treatment, both operative and medicinal. Its special adaptation to the needs of the general practitioner is beyond doubt responsible for the continuously large sale the work has had. The present edition preserves all the attractive features of the work; the same conciseness and clearness of description, the same general arrangement of matter, and the same painstaking attention to the "indicated remedy." That the treatise is "up-to-date" may be safely assumed, even though the non-specialist can hardly consider himself qualified to pass intelligent judgment. The illustrations are excellent, and mechanically the volume is "put up" in the highest style of the art. The price is by far the most reasonable one asked for any publication on a similar subject at the hands of an author whose name is a guarantee of first-class work.—*Pacific Coast Journal of Homœopathy.*

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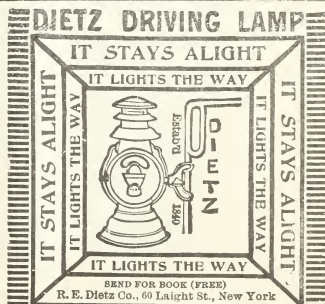
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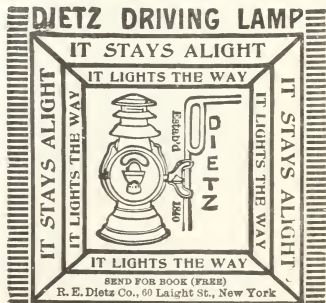
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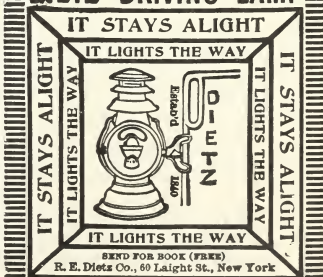
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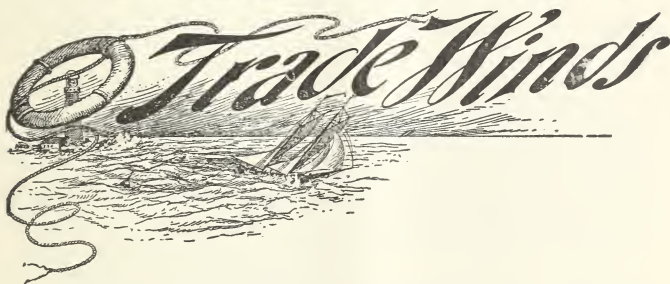
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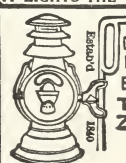
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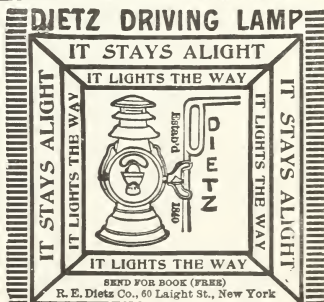
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